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STATE OF MISSOURI *vs.* BENJ. F. CRONEN-  
BOLD: MURDER IN THE FIRST DEGREE.

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"The feelings of horror and vengeance excited by the bloody deeds of the insane, completely unfit the popular mind for a careful and impartial investigation of the plea of insanity, and ought to convince us that the mental condition of the accused," when insanity is suspected, "should be examined by men who have become fitted for such duties by a peculiar course of study and experience." "It is not necessary to go into a labored argument to prove that this method of determining the grave and delicate question of insanity, must be infinitely more satisfactory than that of summoning medical witnesses to the trial—most of whom have but very imperfect notions of the disease, and probably have not had the least communication with the accused—and forcing out their evidence amid the embarrassment produced by the queries of ingenious counsel, bent on puzzling and distracting their minds. If a physician, after listening to divers, vague and rambling details concerning a person's ill-health, and looking at

him across the apartment, without being permitted to address to him a single word, or lay a finger on his person, should then be required to say, on his oath, whether or not the individual in question were laboring under inflammation of the lungs, bowels and kidneys, he would scarcely restrain a smile at the stupidity which should expect a satisfactory answer." "And yet, absurd and foolish as such a course would be considered in the abstract, it is the only one recognized by our laws, when the disease, whose existence or non-existence is to be determined, happens to be insanity." "When mental derangement is suspected, there are many physical symptoms and numerous other circumstances that can not be investigated in an hour or day, but require a course of diligent observation that may occupy weeks or months before the suspicion can be confirmed or disproved."

Thus long ago wrote almost *verbatim*, as we have penned it; our venerable *confrère*, Dr. Isaac Ray, in the first edition of his excellent work on the Jurisprudence of Insanity, and the words still stand in the latest editions, as scientifically true as they were when first they were uttered. And they have begun to bear their legitimate fruit in the Criminal Jurisprudence of the United States, in the substitution of commissions of specially skilled medical experts, in lieu of the ordinary jury, to pass upon the question of mental unsoundness when raised in criminal cases, so that the conclusion of the afore-mentioned authority,—“that in criminal cases, where insanity is pleaded in defence, the ends of justice would be best promoted by the appointment of a special commission, consisting of men who possess a well earned reputation in the knowledge and management of mental derangement, who should proceed to the examination of the accused, with the cool-

ness and impartiality proper to scientific inquiries,"\* will probably soon become the rule of action in these cases, throughout the whole Union.

New York has taken the initiatory by statutory enactment, and it is to be hoped that Missouri will at once imitate her example. One of the courts of the latter State has recently practically adopted the course now enjoined by statute in New York, in the case of "*The State of Missouri vs. Benj. F. Cronenbold*, indicted for Murder in the First Degree."

A commission of experts was appointed by the court, sworn to discharge their duty faithfully, and empowered to send for persons and papers, to examine witnesses under oath, to make personal examination of the prisoner, and otherwise proceed as their judgments might suggest; their decision to determine the question as to the disposition of the prisoner, and the further progress of the trial.

The principal attorney for the defence was put under oath as to the possession of any facts which might bear upon the question of feigning, and every thing was done by the court, the prosecution and the counsel for the defence to elicit the whole truth, even to the volunteer aid, proffered by the attorneys, on both sides, to examine witnesses.

Nothing was lacking in the whole procedure to ascertain the exact truth, except the absence of rebutting testimony, and the presumable legal incompetency of the commission to determine the precise legal value of the testimony of witnesses. The prosecution, however, had no testimony to offer in rebuttal of the issue of insanity.

It might be better, however, if in all future commissions of a similar character, the commission should sit

\* Ray's Jurispru. Insan., p. 70, 4th edition.

and examine the witnesses in the presence of the court. In the present case, the presence of the court was not essential.

The following history of this remarkable case embraces all the essential facts connected therewith, together with so much of the prisoner's life history, as was deemed necessary to enable the commission to form a correct judgment on the question before them.

In the narration, much irrelevant detail of the official records is here sacrificed for the sake of brevity.

#### HISTORY.

Benjamin F. Cronenbold is twenty-three years of age, American born, of German parentage. On December 9th, 1873, he shot and killed Richard Boetticher, who, at the time, was betrothed to his (Cronenbold's) sister. The homicide was committed on the eve fixed for the nuptials, and while the bridegroom, accompanied by his spouse and her mother, was leaving the Cronenbold residence, to have the ceremony performed at church.

The murdered man, Boetticher, was a coachman and head servant in the Cronenbold family, introduced to the family, and employed by Cronenbold, who was at the time, himself, engaged to be married to a former female domestic in the same household. To break off this match, which the mother and uncle disapproved, (Cronenbold's father was not living,) the son was induced to go to Europe, in April, 1873, but returned after a brief tour, and three months before he killed Boetticher, with no abatement in his attachment for Miss Hendricks, his affianced. After his return he heard of boasts having been made by the deceased, (Boetticher,) reflecting upon the chastity of his mother and sister, and on the fourth of December, his mother informed him that his sister and Boetticher were to be

married that evening. The same day he received an anonymous letter, reciting slanderous rumors in circulation, respecting his mother's and sister's virtue, having their foundation in the statements made in public, by his sister's intended husband, and urging him to vindicate the honor of the family, by visiting summary vengeance upon the defamer of his mother and sister.

That evening, (December 4th,) he prevented the attempted consummation of the nuptials, by shooting Boetticher in the leg, and when the next attempt to marry his sister was made, (December 9th, as already stated,) the homicide was committed.

The rumors and the anonymous letter, produced great agitation and excitement in the mind of Cronenbold, which culminated in the killing, and ended as we shall see hereafter, in complete mental and physical exhaustion. After his arrest and incarceration, Cronenbold seems not to have reasoned upon either the propriety or consistency of his conduct in killing Boetticher, or to have reflected upon the consequences of the murder, to his family or himself.

Boetticher, if he had seduced Cronenbold's mother and sister, of which there was no evidence to Cronenbold's mind, except rumor, having its probable foundation in the statement of Boetticher, over his beer, in a saloon, was about to go far towards giving the lie to such statements, and make the only reparation possible, by an unsolicited and voluntary matrimonial alliance with the family. Cronenbold made no effort to obtain the exact truth or falsity of the statements attributed to the murdered man. He did not make use of even the most ordinary diligence, to assure himself of any sort of justification in the eyes of the public, for the deed he was about to commit, in so open and undisguised a manner. There was indeed, no evidence to

show that the boasts of Boetticher were founded on facts. There was no evidence that the social disparity between Boetticher and Cronenbold's sister, influenced Cronenbold to commit the murder. Boetticher lived on terms of familiar equality with the Cronenbold family, although their chief servant, and was in no way inferior to the servant girl, whom Cronenbold intended to marry.

Cronenbold even looked up to Boetticher as one possessed of superior mental endowments to himself, which was indeed the fact, as will be shown hereafter. He seems to have had no rational justification to himself whatever, evolved from the operation of his own mind, for the committal of the deed, but gave at the coroner's inquest, the *imbecile reason*, that "*they told him he ought to do it,*" meaning by they, those who had circulated the afore-mentioned rumors, and were concerned in the anonymous letter, and he seems to have regarded this as an all-sufficient justification.

He does not say to the coroner, that the virtue of his mother and sister had been defamed, the good name of his family destroyed, and he was impelled, in a fit of fury, to avenge their dishonor.

He makes no attempt at escape, denial or evasion of the act. Before the coroner he manifests no real appreciation of the momentous importance of the examination to his own future. He maintains neither silence, nor reserve on any subject, but answers, without individuality, pretty much as the interrogatories of the coroner lead him, without appearing to comprehend the ultimate weight and significance of his replies against himself. His answers are mostly in short sentences, and not always intelligible, although in the examination by the coroner, who was incapable of forming a correct judgment as to his mental *status*, language, and a com-

bination of expressions, are attributed to him, which he had not the mental capacity to frame, or to express, (if framed for him) in so ready a manner. He says not a word in palliation of his crime, and under the interrogatories and promptings, and leading questions of the coroner, whose hypothesis is evidently unjustifiable murder, he weaves for himself a web of criminality, from the meshes of which, no sane man could possibly escape, and he is either unconcerned or unconscious of the part he is taking in constructing this net. In a subsequent examination, March 21st, 1874, before the Court of Criminal Correction, "He had so little comprehension of his situation, that when the examination was closed, and he was remanded to jail, he thought that his trial was over and that he might go free."

In jail, when his attorneys, friends or physicians visited him, he never introduced any subject of conversation, but would sustain, in an imperfect and unsatisfactory manner, a conversation conducted by interrogatories propounded to him, to which he would contribute, in a capricious way, replies in monosyllables or short sentences, sometimes pertinent to the subject, but often irrelevant. For example, when his intended wife was present at one of the writer's interviews, the writer asked him in an undertone, and unobserved by her, "if she was his sweetheart," to which he replied, "yes, sometimes." To the salutation, "good afternoon, how do you feel to-day," he responded, "I feel well enough, but it don't correspond."

His counsel never received a suggestion from him, concerning the conduct of the trial, and he asked them no questions, except to inquire, without much concern or emotion, as to when they would be through with him, or when it would be over. When the writer

would ask what he meant by "it" in this connection, he would never answer unless the interrogatory suggested the answer, thus, "do you mean the trial," to which he would respond "yes." In the same way he would indicate that by the term "it," he meant the court, by saying "yes," when the court was suggested by the interrogatory.

He had private apartments in the infirmary of the jail, (which was empty of patients,) and a private servant to attend him, night and day, but did not seem to regard this as a favor or privilege, but several times asked why he could not have a cell, and "be with the others," meaning the other prisoners.

He never introduced any subject of conversation with any one. He was unsatisfactory and indifferent, alike to his mother, his sister, his betrothed, his attendant, his counsel, and his physicians. The writer made him seventeen or eighteen visits, sometimes in company with others, but mostly alone, observing him at meal times, between meals, and when asleep, and watching him during his waking hours when he did not know he was the subject of observation. He was always the same. Indifferent to his dress and surroundings, eating mechanically, and in silence what was set before him, taking his medicines generally in the same way, though occasionally refusing the latter, when no amount of persuasion could induce him to take them, reading mechanically and without reflection when his book or paper was right side up, and conversing in his peculiar way only when lead to talk by the psychical influence or commanding and resistless manner of a superior mind.

He never appeared unconscious of the murder, but was always unconcerned or unconscious as to its real effect upon the peace and happiness of his family or himself.

This was his mental condition, in his best states of physical health. He never betrayed either remorse or exultation over the homicide, and was entirely devoid of emotion of any kind on the subject. No subject whatever, seemed to excite or interest him in a rational way. He would sometimes manifest a little ill-defined and transitory feeling at being restrained of his liberty, and was at times displeased with his "sweetheart." In his amiable or rather less indifferent moods he never returned her caresses, and was indifferent alike to the *souvenirs* which she often brought him, and to her assiduous efforts, in various ways to excite a reciprocal affection, while he would evince displeasure, when she would remain longer than usual away from him.

Cronenbold before the coroner, and Cronenbold before the court, were two different persons. Before the coroner he appears as the imbecile, extenuating a crime for which life is the lawful forfeit, with the logic of a child.

He tells the coroner he committed the deed "because he had been told to do it." How like a child. Before the court he betrays a degree of mental weakness, far greater than that which was natural to him. Here there is manifest an aggravated impairment of all his powers, the result of disease. Imbecility is arrested cerebral development, and is not progressive, either upwards or downwards, except through assiduous training and consequent cerebral and mental growth on the one hand, and on the other, through the retrogressive processes of disease.

The degree of mental power of the imbecile, though susceptible of some improvement by education, depends upon the period at which the arrested cerebral growth takes place. There is a wide mental chasm between the lesser degrees of imbecility, and the ordinarily re-

cognized grades of idiocy. Cronenbold was by nature imbecile in the ordinary mental attributes of mankind. Before the coroner he displayed a weak mind, before the Court of Criminal Correction he displayed no mind. He was not born an idiot, but had become much like an idiot. He had become demented through disease, as the following facts in his history, subsequent to his appearance before the coroner, and prior to his examination before the Court of Criminal Correction, show.

Soon after his incarceration in jail, there supervened a condition of extreme nervous exhaustion; so extreme was the depression of all the powers of life, that he could not turn himself in bed; liquid nourishment, the only food it was possible to administer, had to be poured down his throat, the urine had to be evacuated with the catheter, and persistent insomnia could be overcome only by morphia, by hypodermic injection and large doses of chloral hydrate and bromide of potassium. He was obstinately constipated, and required the most active cathartics and clysters, even when not under the influence of opium. His temperature was much of the time above normal, his pulse was quick and frequent, and pupils dilated in the beginning of his attack. His gaze was meaningless, and his mind almost a blank, so that his family physicians, the Drs. Engleman despaired of his recovery. He was skillfully treated with reconstructive tonics and calmatives of the nervous system, so that by March 21, 1874, something over three months from the beginning of his treatment he had sufficiently recovered his physical health to appear before the Court of Criminal Correction, for preliminary examination. The imbecility of Cronenbold was not sufficient to account for all of his acts before the homicide and imprisonment.

It must be borne in mind, that in imbecility, as in other abnormal conditions, there is not only deficiency and irregularity, but also a great tendency to diseased cerebral action,\* and this was the case with the accused, not only as we have shown, while in prison, but before. His dementia was preceded by delusions and vague feelings of dread and suspicion, and by an impression that he was not properly appreciated after his return from Europe.

He said that during the last three nights, while on his return home, he had not slept, and that he had reached home too soon. Although his home was in the city, he took apartments at a first-class hotel, to "wait until he made up the time." He expected his friends to meet him, though he had not notified them of his arrival.

When he went home, he asked his mother if she was his mother, and if that was their house, though neither had undergone much change during his less than six months absence. He knelt before the picture of his father, and prayed him to avert a calamity which he felt was impending. He suspected the purity of his food, and would not eat it until after it had been inspected by his affianced, and passed to him and pronounced all right by her.

His appetite was capricious. His conduct in various ways was singular. He would lock himself in his room and remain there several days, and not come out even to eat. On one occasion, he fired a pistol up in the air in his mother's presence, without notifying her of his intention. He was quarrelsome and excitable at the table, and would fly into a passion, and throw dishes about without apparent cause, but everything connected with the murder on his part, showed the *design* of a weak, rather than the *motiveless* or *delusional* act of the deranged mind.

\* Ray, 4th edition, p. 119.

He bought the pistol, and shot Boetticher just in time to prevent the consummation of that which he sought to thwart. If he had delusions, or what he thought about the dishonor of his sister and mother does not appear. He was not under medical observation at the time, or immediately preceding the homicide, consequently his precise mental *status* can not be determined.

He was in a state of great excitement from the time he learned of his sister's engagement, heard the rumors about his mother and sister, and received the anonymous letter, until after he had killed Boetticher, when the prostration of all his powers became manifest, as already described.

It was at this stage in his history, though after he had improved in physical health, that his counsel, in May, 1874, asked a consultation of medical gentlemen, to determine his mental condition. The circuit attorney agreed to the proposal of defendant's counsel, Lieut. Gov. Johnson, Joseph G. Lodge and L. Gottschalk, and recommended the court to appoint a commission of five medical experts to examine into the present mental condition of the defendant; the counsel for the prisoner holding that, in accordance with common law, no defendant could, under any circumstances, be tried for an offense when in an unsound state of mind, he being incompetent to make a defense when in such a condition.

The court acceded to the request and made the following order :

"It being suggested to the court by the circuit attorney, and by the counsel for the defendant, that Cronenbold is now mentally insane, so that he can not be tried at this time upon the indictment preferred against him ; therefore, on motion of the circuit attorney and of the counsel for the defendant, the court doth hereby appoint

as experts, Drs. Chas. W. Stevens, J. K. Bauduy, C. H. Hughes, W. B. Hazard and George Engleman, physicians of name and fame of the city of St. Louis, whose duty it shall be to make inquiry into the mental condition of the defendant, and make report to this court, at their earliest convenience, of their opinion touching the matter of said alleged insanity, such report to be in writing, signed by them, and verified by affidavit in open court."

The conclusion of the consultation, based upon personal interviews, and such of the prisoner's history as they had before them, was "imbecility," making no reference to the prisoner's insanity, it being evident that no harmonious conclusion as to the kind or degree of insanity the prisoner may have had, could have been reached, as what follows will show. For the same reason they wisely abstained from attempting to define the degree of imbecility. The writer's conclusion of imbecility was based:

1st. Upon the reason which he gave the coroner for the deed, and the absence of all individuality in the presence of the coroner, and of a due appreciation of his situation.

2d. His indifference as to the result of his act to himself, and to his family. "Such conduct, not only displays insensibility, which is not rare in hardened criminals, but betokens the mind of a child, and indicates stupidity, silliness and imbecility"\* in one of Cronenbold's age.

3d. His personal appearance, physical characteristics, and life history. He was feeble and diminutive in body, his face was pale and inanimate in appearance, his eye restless and without expression, his whole make up and demeanor, revealed to an expert, more than any descrip-

\* Ray's Juris. Insan., 4th Ed., p. 119.

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\* Ray's Juris. Insan., 4th Ed., p. 119.

tion can impart, his real mental state. When addressed, as we have stated, the monosyllabic responses, or short sentences in which he would answer, required and indicated little capacity for complex mental effort and the frequent irrelevancy of his answers, betrayed a confusion of mind, and an inadequate conception of the circumstances surrounding him, which could not be feigned. He was too consistently stupid for simulation. From first to last he never sought, nor had a private interview with his attorneys, nor did he have any choice or desire to have choice in their selection. His whole manner was passive, he was an automaton, with the power of feeble mental motion within himself, but set in motion, and moved by others. He was first the imbecile, and next the dement; a naturally weak mind, "by reason of a bad descent, born with a predisposition to insanity," yielding under the stress of adverse events, to disease, and progressing still further towards mental extinction.

As with families in whom that native constitution of nervous element exists, there is always, under adverse circumstances, a retrograde degeneration, so with individuals. In the imbecile, if life continues into full manhood, we expect mental retrogression, rather than progression. The brain inherently feeble, like the naturally weak body, is more liable than the naturally sound and healthy, mental or physical organization to take on diseased action.

We have spoken of Cronenbold, never taking the initiatory in conversation. He had always to be pressed by leading questions, to obtain anything from him, equally upon subjects of vital interest to himself, as on the most trivial matters. To him grave and light subjects seemed of equal significance.

One of the medical gentlemen, Dr. Stevens, was personally acquainted with Cronenbold from the latter's

early childhood, and gave his opinion, as to his feeble mindedness, as compared with the average youth and young man of his age, from many years observation, and from what he knew of Cronenbold senior's opinion of the mental capacity of his son. A long time before the homicide, he had heard the father of Cronenbold lament his son's lack of capacity, and say he thought he would never be able to take care of himself.

We think Cronenbold's facial angle is not far from 80°, though it was not measured. His height is five feet three and three-quarter inches, in his boots. He never objected to, nor asked our object in measuring his head, and did not seem to think it strange. The measurements are as follows :

Circumference, .....	20 $\frac{1}{4}$ in.
Bi-parietal diameter, (between the meatuses,).....	5 $\frac{1}{2}$ in.
Longest antero-posterior curvature, from occipital protuberance to root of nose,.....	11 $\frac{7}{8}$ in.

We give these measurements, as a matter of fact, for what they may be worth. The cranial measurements are slightly below the average, and comport with the actual natural state of Cronenbold's mind, though under very favorable antecedent ancestral conditions and subsequent favorable circumstances, from birth to the present time, he might, even with such cranial capacity, have passed on through life with average intelligence.

In giving the cranial measurements we would not have it inferred that cranial deformity *always* exists in imbecility.

There are even "many *idiots* in whom the brain and body appear to be well formed, while the mental development remains at the lowest stage; accidental affections of the brain, arresting its development after birth, while the cranium and rest of the body go through their normal growth, have occurred in some of these

cases; epilepsy is not uncommonly such a cause of idiocy," as he who writes, and most of those who will read this paper, know from personal observation, but it is equally impossible, as Maudsley says, in some of these cases, to assign any definite cause of the arrest of development. There may be no sign of mental degeneracy in arrest or deformity of cranial development, and yet be "abundant physical cause of psychical defect," in the constitution of the molecules of the cerebral mass, without our being able to recognize them; molecular conditions which belong to that inner life of nature, that is still impenetrable to our most delicate means of investigation, still inaccessible to our most subtle inquiries." (Maudsley.)

We can not expect to gauge with accuracy, the precise degree of mental capacity from cerebral measurements, inasmuch as we can not yet discern even "the nature of those hidden molecular activities, which are the direct causes of the different tastes and smells," those different molecular activities themselves depending, doubtless, upon structural differences in the nerve molecules of the auditory and gustatory nerves, or at their seat within the brain. Nevertheless, the greater proportion of imbeciles and idiots, are found to have the development of both mind and body arrested, and we may, with Maudsley, and all others, who have given the subject much attention, draw from our observation of these unfortunates, "the certain conclusion that there may, by reason of unknown conditions affecting nutrition, be every degree of imperfect development of mind and body, down to actual incapacity to develop at all." When we find cranial deficiency or deformity, conjoined with mental weakness, we may safely conclude that the imbecility is congenital and lasting. The writer speaks only for himself, as to the

manner in which the conclusion of imbecility was reached, and is aware how "impossible it is to specify any particular rules for ascertaining the mental capacity of imbecile persons, how circumstances always proper to be taken into account, are constantly varying with each individual case."\* Few cases, says the writer just quoted, subjected to legal inquiry, are more calculated to puzzle the understandings of courts and juries, to mock the wisdom of the learned, and baffle the acuteness of the shrewd, than those connected with questions of imbecility.

Such cases as Cronenbold's, without the supervision of insanity, become, as an eminent writer truly observes, "difficult cases for medico-legal inquiry, in which the decision come to whatever it may be, may be challenged, and not without reason." (Maudsley.)

"Much of the difficulty consists, no doubt, in a want of that practical tact which is obtained by experience in unravelling their intricacies, and of that knowledge of the psychological nature of this condition of mind which directs the attention, exclusively, to the real question at issue."† Had no question been decided but that of imbecility, the question would still have remained to what extent was the prisoner responsible for his crime, and Cronenbold's escape from a felons punishment, would have been doubtful, for "little indulgence" has ever been shown to the plea of imbecility, in criminal courts, and none could have been expected here, where the individual had acquired some education, and been assiduously taught the proprieties and amenities of good society; "his weakness concealed, and polished over by cultivation. While the public feeling has become too refined to tolerate the infliction of blows and stripes on the imbecile and the mad, in the institu-

\* Ray, p. 131.

† Ray p. 131.

tions where they are confined, \* \* \* it can still be gratified by gazing on the dying agonies, of a being unable to comprehend the connection between his crime and the penalties attached to it, and utterly insensible to the nature of his awful situation. The voice of reason and humanity, which speaks successfully in the first instance, is in the last, drowned by the more imperious tones of prejudice and passion."\* The following extract from a daily paper, published at the time the case of Cronenbold was engaging public attention, shows this to be true :

Cronenbold was admitted to bail by the Judge of the Criminal Court on Tuesday, 6th inst. Cronenbold, it will be remembered, killed his sister's intended husband so as to save the family the disgrace of being united in marriage to a plebian. The fact is, the murdered man was too good for them, both as to family connections and intelligence. He was, however, poor, and was at the time of the homicide, engaged as a servant in the Cronenbold family. After the commission of the offense, Cronenbold who had hitherto been somewhat childish for a boy of his age, exhibited what was thought to be insanity, and the skillful and adroit attorneys for him, Messrs. Johnson, Lodge & Gottschalk, concluding to make this defense for him upon trial, had the five "Insane Physicians" of this city to visit him almost every day. These frequent visits of such men would make men of stronger minds than Cronenbold crazy. The attorneys and physicians found in the Circuit Attorney an easy prey to their theory, and he consented to appoint a commission, which consisted of these very physicians. They, of course, after a few hours' deliberation—long enough to write out the report—reported him insane. A bond having been given for his appearance, he was released. As there is neither law nor precedent for such proceedings, the bond is a nullity. The defendant will be sent to Europe to be treated, not as an insane man, but to break him off from a habit which young men indulge in, sometimes to the extent as to affect them more physically than mentally. Messrs. Johnson, Gottschalk & Lodge, managed the case well, and saved their client from a punishment which he justly merits—the gallows.

‘Idiocy and the higher degrees of imbecility are congenital,’ \* or so nearly so, that it can not be discerned at what time after birth they may have originated, in any particular case. “For all practical purposes we may define them as consisting in a general destitution of mental powers that were never possessed. The lower degrees, or those which approximate more closely to the average natural standard of mind, consist in arrested cerebral development, at different discernable stages after birth,” and the degree of mental deficiency depends, of course, upon the periods at which cerebral development ceases to keep pace with the normal evolution of the organism, accordingly we may expect to find in the feeble-minded, various degrees of deficiency, either in those faculties which acquaint them with the qualities and ordinary relations of things, or in those which furnish them with the moral motives that regulate their conduct to their fellow men.

“In imbecility, the development of the moral and intellectual powers is arrested at an early period of existence. It differs from idiocy, in the circumstance, that while in the latter there is an almost utter destitution of everything like reason, the subjects of the former, possess some intellectual capacity, though far less than is possessed by the great mass of mankind. Imbeciles can never attain that degree of knowledge which is common among people of their own rank and opportunities in life, though it is very certain that they are not insusceptible of the influences of education.” †

Thus from the testimony of high authority, we may have arrested development, taking place from an impairment of the perceptive or reflective faculties, so as to produce only the slightest shade of stupidity, apparent only to the most intimate acquaintance, to that de-

\* Ray, p. 320.

† Ray, p. 85.

gree of mental deficiency which impresses the least skilled observer, with the fact that its possessor is a fool.

Hoffbauer, acknowledging "the various and almost imperceptible shades of difference between one case of imbecility, and another, has reduced its numberless gradations to five degrees, and these of stupidity to three. To these, as described and explained by him, he looks for the means of a consistent and rational application of legal principles that should regulate their civil and criminal relations."\*

To those practically familiar with the various degrees of mental deficiency as seen in our insane asylums and schools for the idiotic and feeble minded, the herculean labor of partitioning off into but eight classes, these cases, each of which constitutes a class almost *sui generis*, will be appreciated, and the remarkable success which has crowned his attempt will be duly applauded. The division might have been much simplified by throwing the three degrees of stupidity into the classification of imbecility.

The natural condition of young Cronenbold's mind, both as a boy at school and after he had "grown to man's estate," is closely approximated in Hoffbauer's description of the first degree of imbecility, which we here transcribe, together with Hoffbauer's first degree of stupidity.

"In this degree of the affection, the individual can very well judge, respecting the objects to which he is daily accustomed, and in familiarity with which he may be said to have grown up. In the pursuit of his daily concerns he often shows a minute exactness that appears to him a matter of absolute necessity. His memory is very limited, not that he looses absolutely

\* Fay, p. 88.

the *remembrance* of things, but because he can not apply his recollections according to his wishes. He scrupulously observes whatever he thinks becoming in his station, because he fears to offend by neglecting it. When he gives himself up to avarice, there is observed in him rather an apprehension of losing, than a desire of accumulating. The nature of his daily occupations makes but small demand upon his intelligence. His infirmity is not so remarkable in ordinary society as to render it a subject of general observation. He is very subject to gusts of passion, which, nevertheless, are as easily appeased as they are excited."

In the first degree of stupidity, the individual is only incapable of deciding and judging, when it is necessary to weigh opposing motives. Then he feels his incapacity, and resorts to the intelligence of others.

While it is impossible to fully define any particular grade of mental deficiency, this is, perhaps, as close an approximation of Cronenbold's natural mental state as could be given. He brought with him but little knowledge of Europe, except the names of some of the cities he visited, and the hotels he stopped at. While in Europe, his attention was principally absorbed in finding lodgings and meals for the least money, the cheapest cigars, and the cheapest class of wine, though he was often swindled, without knowing it, by the waiters and the hackmen in making change.

As we have seen he "had learned to read, write and count, and made some progress in music." "Ray would have described him in the following language."

"He could engage in certain occupations, and had managed in a manner to take care of his property and himself, though largely indebted to the advice and assistance of others. He was one of those imbeciles, who talk but little, answer questions correctly, provided

they are not without the circle of their customary habits and thoughts, and are not required to follow a conversation. He is particularly deficient in forethought, and in strong and durable affections, and 'labors under an uneasiness and restlessness of disposition, that unfits him for steady employment. They are thus easily induced by bad men to assist in the execution of their criminal enterprises.'" \* \* \* \* \*

"It is also worthy of notice, that the same physical imperfections, and a tendency to the same diseases, which accompany idiocy, are generally observed, though in a less degree to accompany imbecility."\*

There were other features about this case which the expert can appreciate, but can not well describe—peculiarities of expression, manner, movements and attitude which mark the case as one, both of imbecility and mental disease. These cases often present "outer proofs," of a morbid or congenitally deficient, "understanding which can hardly be depicted to the inexperienced," (Dr. Tyler.) "The power of the expert in this regard is not capable of being transferred to another mind, but must die with its possessor." \* \*

"All profound and grave maladies have their specific physiognomy, more or less clear and capable of being described, some of them are fully clear and pathognomonic, like the odor of cancer, or the face of phthisis. Insanity has its own delicate characteristics of face, eye, manner, reasoning, feeling, which can be read by the expert, but which are not appreciable to the casual observer," (Dr. Bell.)

The following is the joint conclusion arrived at by the commission of experts.

\* Ray, p. 85.

*To the Hon. Wilson Primm, Judge of the St. Louis Criminal Court:*

We, the undersigned commission of medical experts appointed by your Honor to inquire into the mental condition of Benj. F. Cronenbold, respectfully report:

That we find the said Cronenbold in a condition of mind such as to incapacitate him for appreciating his situation as one accused of crime; that he is *non compos mentis*, and we are of opinion that this condition will be a permanent one.

We severally append our reasons for arriving at this conclusion, which statements we desire to have considered a part of this report.

CHAS. W. STEVENS, Chairman,  
C. H. HUGHES,  
J. K. BAUDUY,  
WM. B. HAZARD,  
GEO. J. ENGLEMAN.

Subjoined, also, is the individual opinions, *in extenso*, of the members of the commission, revealing more of the history of this case than we have given. It was fortunate that the court accepted the joint opinion as to the prisoner's mental impairment without scrutinizing closely the irreconcilable discrepancies in the several opinions, opinions which, if subjected to rigid examination, by an acute prosecuting attorney, assisted by a skillful expert, might have led to the impression upon the minds of a jury, that the medical gentlemen, composing the commission, did not themselves comprehend the prisoner's real mental *status*, juries not being aware of the facility with which the abstract fact of mental unsoundness may be justly arrived at, while the greatest difficulty often attends the determination of the precise nature of the cerebral lesion, and the consequent form and degree of mental impairment.

The facts here noted suggest the propriety in all these cases, where it is practicable, of the experts agreeing to a joint report, setting forth the simple fact of

mental unsoundness, with as little scientific amplification and specification as may be sufficient to subserve the ends of scientific truth and justice. For even learned judges, far above the average jurymen in intelligence, are apt to think that men who profess to comprehend the complex subject of unsoundness of mind should be able, with entire unanimity, to determine the precise form and degree of mental impairment.

In the case of Cronenbold, though he appears in a state bordering upon fatuity or advanced dementia, there still remain the impress of the forced culture he received in his youth, and his memory, though it reproduces, in an automatic manner, a limited number of facts and dates connected with his trip to Europe, and the homicide, is in fact, much impaired.

SEPARATE OPINIONS OF EXPERTS—DR. STEVENS' OPINION.

ST. LOUIS, Mo.—October 1, 1874.

*To the Hon. Wilson Primar, Judge of the St. Louis County Criminal Court.*

SIR: Having had personal acquaintance with Benjamin F. Cronenbold, for a period of about five years, and having examined him many times during his confinement in jail, and having, with other members of your commission carefully examined reliable witnesses, several of whom have known him for a long time, I find but little difficulty in forming an opinion in regard to his present mental condition. Almost from childhood he has been regarded as weak in mind. This, however, became more apparent as he approached manhood; the condition then attracted the attention of his acquaintances and friends in general; and mental incapacity was manifested beyond question, as he attempted to transact business, or to take part in the amenities of

social life. About five years since, his father mentioned the case to me, desiring me to make observation from time to time, with a view to determining, if possible, the precise nature of the deficiency or imperfection. At length, I was convinced that he was imbecile in mind, and, further, from some of his peculiarities and habits, I believed him in danger of falling into some form of insanity. For the last three years, he has been by regular gradations verging into dementia; the change since the homicide has been very rapid; at times he has had delusions.

I am, therefore, decidedly of the opinion that the prisoner is now laboring under the form of insanity, designated dementia, and that he does not and can not judge correctly or intelligently of his present surroundings or of his responsibilities.

Very Respectfully,

CHAS. W. STEVENS.

#### DR. ENGLEMAN'S OPINION.

Having attended the accused, Benjamin F. Cronenbold, professionally, upon his return from Europe in 1873, and during the entire period of his confinement in the county jail, I have, by continued personal observation, been forced to the following conclusion.

1. That the said Benjamin F. Cronenbold, upon his return to the city in September, 1873, was in a state bordering upon mania, as proven by his irrational actions, insomnia and occasional delusions.

2. That for a few weeks after the homicide, in December, 1873, and January, 1874, his condition was one of absolute mental and physical prostration, torpor of mind, associated with a totally exhausted and debilitated state of the vital and nerve force.

3. That he has now fully recovered his physical powers, his memory being but slightly impaired. His reasoning faculties, however, are seriously affected, and very defective in intensity. His mind is in a more advanced state of imbecility, verging upon dementia. He is incompetent to arrive at any but the simplest conclusions, as evinced by incoherency of thought and language.

From these premises I must regard him to be totally unable to understand and appreciate his present situation, and unfit to be brought to trial. This opinion, based upon personal examination and observation, has been corroborated and strengthened by examination of the witnesses summoned before your commission.

Respectfully submitted,

GEO. J. ENGLEMAN.

DR. HAZARD'S OPINION.

YOUR HONOR:—The undersigned, commissioned by an order of Your Honor's court, of the date of 29th September, 1874, to examine into the mental condition of Benjamin F. Cronenbold, indicted for murder, hereby submits his individual report, supplementary to the joint report of the experts to which this is attached.

Having personally examined the accused on three occasions, twice in company with other experts, once alone; and having heard the sworn testimony of seven witnesses, the following facts have been ascertained to the satisfaction of the writer, and the succeeding conclusions drawn therefrom.

The aunt, grand-aunt and grandmother of the accused, all on the maternal side, were affected with some form of mental derangement.

As far back as it was possible to reach in the history of the accused, he was considered weak-minded, foolish,

or imbecile by his father, friends and acquaintances. This mental deficiency was so strongly marked that he was not considered capable of managing, or of being trusted to transact any kind of business, by those who knew him best.

He was sent to Europe to avoid what was considered an undesirable marriage, and while abroad, upon his return, and for many months thereafter, presented unmistakable symptoms of insanity, superadded to his former well-marked imbecility. This insanity was marked by alternating periods of mental exaltation and depression; the former evinced by extraordinary opinion of his own grandeur and dignity, and by persistent insomnia, restlessness and ideas of being engaged in business when he had none; the latter condition accompanied by suspicion, distrust of all those about him, and later, by well-defined delusions that he had been poisoned, and that there was a conspiracy to again poison him. The fact of general mental alienation was shown conclusively by a total change in his personal habits as regarded dress, personal cleanliness and choice of food, this change occurring, not at any period of life when natural changes of development or decay occur, but following the unaccustomed excitement of travel, and the care and anxiety occasioned by absence from home and the charge of his own welfare, to which he had never before been accustomed. This form of intellectual insanity is termed *La folie circulaire*, or *La folie a double forme* by the French writers. It was during one of these periods of excitation that the homicide was committed. The period of depression which followed was of the most extreme character; so great was this depression that life itself seemed almost extinguished.

During the months of confinement in prison, the quietude of his daily life, the lack of all excitement,

the care and attention of learned physicians, and a system of diet and exercise suited to his condition, his mental condition has become nearly, if not quite, the same as that preceding his voyage to Europe. On simple subjects requiring no exercise of the reflective faculties, he can return very pertinent answers to direct questions. Where any except the least complex operations of the mind are concerned, he can answer only at random, or does not answer at all.

He never takes the initiative in conversation. His memory of simple matters seems to be good. He does not appear to have any real understanding of the enormity of his offense against human or divine law.

#### CONCLUSIONS.

1. He is *non compos mentis*. His brain, the organ of thought, is not developed to the usual standard. His condition before his voyage, and at the present time, is best described by the term imbecility.

2. While in Europe, and for four or five months after his return, there was superadded to his normal or ordinary condition of imbecility, an acute attack of insanity.

3. At the present time he is imbecile to the extent above indicated, with the probability of a return of insanity of an extremely dangerous character if there is at any time presented any strong exciting cause.

4. He is now unfit for trial.

Respectfully submitted,

WM. B. HAZARD, M. D.

#### DR. J. K. BAUDUY'S OPINION.

After a most thorough examination of the previous history, and after a careful personal scrutiny of Benjamin Cronenbold, and after an analytical study of the

evidence of many sworn witnessess, I am convinced of his imbecility for the following reasons: Strong hereditary predisposition to insanity exists on the maternal side, of which the defendant's arrested mental development was the outcropping, exposing him to the worst of all tyrannies, which, in his case, is an organization mentally and morally defective. The utmost unanimity existed amongst witnesses, both relatives and others who were mere acquaintances, therefore entirely disinterested, that as far as investigation could pry into the days of the prisoner's early boyhood the same mental weakness was evinced. In the opinion of the boy's father, who had endeavored to give him a liberal education, this misfortune and mortification had been realized and fully appreciated; and by all observers he was considered incapacitated from either taking care of himself, or transacting business of the simplest nature, with which a child of the average understanding could have been intrusted. Whilst in Europe, during the homeward journey, and immediately after his arrival, well-defined delusions of suspicion, distrust, fear of being poisoned, and an impression that conspiracies were being formed, of which he was the victim, manifested themselves, and pointed to the fact that some more acute form of insanity had been superadded to his previous mental deficiency. The confirmation of this opinion, consists in a marked alteration of character, changing his habits, feelings, manners and dress. He evinced about this time the most singular, extraordinary behavior; his actions were discordant, his mind wandering, and all the intellectual manifestations thereof were more or less perverted.

Moods of great depression, alternating with those of excitement, and during the latter, ideas of grandeur and self-importance, were of peculiar significance, and

must strike very forcibly, all conversant with psychological inquiry and study. Apathy and aversion to friends and relatives, constituted another link which makes the chain of evidence more complete, especially as all of these symptoms of mental aberration were exciting attention, long prior to the homicide.

About this time he was examined by Dr. Engleman, his family attendant, who found all the well-marked physical symptoms of insanity, obstinate insomnia, constipation, nervousness, etc.

It is worthy of remark in this connection, that two medical men, one of whom met him in Europe, considered him insane, and the other, his physician in St. Louis, had actually recommended that he should be sent to a lunatic asylum.

A feature of this case, to which I attach great importance, is that during a prison-life of many months, although watched night and day, and oftentimes when prisoner and his visitors were unaware of the presence of others, the same stupidity, stolidity, apathy and want of appreciation of his surroundings and condition pervaded his whole conduct. His replies were monosyllabic, his gaze vacant, laugh frequent, but always silly and meaningless. His friends and attorneys could not arouse him from this lethargy, and the latter have up to the present moment never been able to gain his confidence or obtain a solitary statement from his lips in connection with his case. When urged to talk, he would second their endeavors by utter incoherence and an idiotic laugh. All the salient features of this picture when assembled into a group, confirm our belief of the boy's fatuity, and give us every assurance that he is in a state bordering upon complete amentia.

## DR. HUGHES' OPINION.

The conclusion of the undersigned, respecting the mental condition of Mr. Benjamin Cronenbold, is the result of frequent and careful personal examinations of the prisoner, during the months of June, July, August and September, preceding the receipt of your commission, and of one interview since.

The conclusion of imbecility was arrived at early last spring, by all the gentlemen composing the present commission, who then examined said Cronenbold, at the request of his attorneys.

Cranial measurement also seemed to strengthen the conclusion of imbecility. Whilst it is true that many weak-minded persons appear to be well formed in brain and body, it is also true that idiots and imbeciles usually have either abnormally small, large or deformed heads. By imbecility is meant arrested development of brain and consequent weakness of mind, more or less complete, according to the period at which development ceases. Almost every degree of imperfect development of brain and mind, may exist "down to actual incapacity to develop at all."

The degree of imbecility in this case, as I recognize it, from Cronenbold's life history, and personal observation, may be found fully described in Hoffbauer's first degree, reproduced in Ray's *Jurisprudence of Insanity*, fourth edition, page 88, which, for sake of brevity, I here omit.

The history of Cronenbold's ancestry, especially his mother's mother, aunt and sister—they having all been at one time or another, manifestly of unsound mind—would lead us to suspect that he possesses a "native constitution of nervous element, which is defective and unstable," even if his present mental condition were

not sufficient to convince one of this fact. The natural weakness of Cronenbold's mind, has been aggravated by disease, involving the brain and nervous system. He appears to have undergone a decided change, to be in a mental state different from his former natural weakness of mind, which I can characterize by no other term, than that of dementia. Here too, as in imbecility "we meet with every degree of mental decay in different cases."

"Dementia is the natural termination of mental degeneration, whether going on in the individual or through generations." In this sense I use the term dementia, and consider that he is at present suffering from this diseased condition of the brain. That he had profound disease of the brain and nervous system, is established by the testimony of the Doctors, Engleman after the homicide, and there are evidences of delusions before. The paralyzed condition of the bladder and bowels, the sleeplessness for so long a time, the marked prostration immediately after the killing, confining him for weeks to his bed, and requiring for him constant medical attention, and endangering his life in the estimation of his then attending physicians, the change in his natural habits, and the delusions, which, at times, possessed and dominated his weak mind, all confirm this conclusion.

The sworn testimony of all witnesses, without exception, who appeared before the commission, was confirmatory of the opinion here expressed. The present increased feebleness of mind from disease, in his case, may pass off and leave him in the imbecile state of mind natural to him, and from which he can never escape, or it may be more or less apparent for the rest of his life. In the latter case, recurring attacks of acute insanity are apt to come on—should he recover from

his present dementia—only to issue finally, in complete and incurable dementia, or total loss of all mind.

In any event, I consider him in such an unsound mental state as to be unable properly to appreciate the real nature of his present condition and situation, or to conduct his defence as a rational man, and that he should now receive, and probably for the rest of his life, the restraint and treatment of an asylum.

C. H. HUGHES.

After hearing the reports, the presiding judge obtained the written opinion of Circuit Attorney, J. C. Normile, that the accused might be bailed for the purpose of sending him to an asylum, and fixed the bond at \$20,000.\* Cronenbold was sent to the Missouri State Lunatic Asylum, at Fulton, Mo., and the Superintendent is required to file a monthly report of the prisoner's mental condition, so that in the event of his recovering his mental health, he may still be tried on the indictment standing against him.

Thus ends this important case. The ends of justice have been met, society is protected against an unsafe member, and humanity has not been outraged by a judicial murder of the mentally maimed, whom the hand of charity conducts to the hospital, rather than the gallows, or the jail.

## CASE OF ISABELLA JENISCH—EPILEPTIC HOMICIDE.

BY JOHN ORDRONAUX, LL. D.

State Commissioner in Lunacy.

Homicide in the City of New York, if not yet cultivated as one of the fine arts, has become so much a matter of daily occurrence that the Police Records could hardly be balanced at morning, without one or more of these eye-openers to coroners, who fatten upon the garbage of inquests. But on the 21st day of November, 1874, the citizens of the Metropolis were furnished with the recital of a crime which bore an unusual complexion, and was to that extent exciting in a direction where excitement had long ceased to be possible. As the importance of a crime, in any old civilization, generally depends more upon the social status of the perpetrator or victim, than upon the inherent character of the offence, the logical sequence follows that low people commit only low crimes, high people only high crimes. Jack Shepard or Dick Turpin, at the Old Bailey, were far less historically interesting characters, than were Warren Hastings or Thomas Wentworth, "the cruel Earl of Stafford," in Westminster Hall, although the moral complexion of the crimes committed by either party, did not so much differ as the superficial area over which they extended. And if it be true as Pope alleges, that

" 'Tis from high life, high characters are drawn,"

we may also say that 'tis from the social ripple caused by any crime that the public interest in it arises. Vil-

lains in fustian, are too common to be noteworthy, and our metropolitan Belgravias are as little moved by a crime committed by low people as the inmates of Buckingham Palace, are by similar occurrences at Billingsgate or Wapping.

But on the morning above alluded to, a poor woman belonging to the un-numbered tenement house population, had committed a homicide of a novel and weird character which made it worthy of an Alva or Torquemada, and in consequence brought even the languid intellects of the fashionable classes to the position of *attention*. This woman, a mother, had in short, as the accounts ran, *roasted her infant child upon a stove*. What a text for the press to preach from. Some thought her rum-crazed—some deemed her under diabolical possession—some thought it one of those innominate crimes which human language can not define. Had she belonged to the upper classes, and been possessed of means to employ some of those eminent pleaders who wreak their thoughts upon expression, in the General Sessions of the Peace, and spend their lives, in the language of William Wirt, in the process of white-washing criminals, we should have had a five act judicial drama full of history, metaphysics and tangled law, terminating in a bill of exceptions as large as the Chartist petition which was rolled into the House of Commons in 1848, on a wheelbarrow.

Belonging, however, to the great unknown and poverty stricken class, the memory of the crime was soon lost from the public mind. A pauper's crime, like a pauper's funeral, does not enlist either general interest, or general recollection. A human cipher, like any other, derives its value solely from the numeral which stands before it. And so in due process of time, after the coroner had had his dole out of the case, and the

Grand Jury had presented an indictment against Isabella Jenisch for the murder of her infant child, Carrie Jenisch, there came a day in December, when, at a Court of General Sessions of the Peace, holden in and for the City and County of New York, the prisoner was duly arraigned before Hon. Josiah Sutherland, Presiding Justice.

The defendant being without counsel, the Court assigned Col. Chas. S. Spencer, to defend her. And without much, if any time for preparation, yet from his large experience as a criminal lawyer, concluding almost intuitively, from the description of the crime, that it was the offspring of a disordered mind, he tendered the plea of insanity as her sole answer to the indictment under § 30, Act 2, Title 1, of Chapter 446 of 1874. The Court thereupon appointed a Commission *de Lunatico Inquirendo*, consisting of John Ordronaux, Daniel Clark Briggs and Sylvester W. Comstock, to report upon the fact of her mental sanity at the date of the offence with which she stood charged. The Commission upon organizing tendered a jury to either party, which was declined, and they thereupon proceeded to take testimony and to examine the defendant.

From the evidence adduced before them, it appeared that Mrs. Jenisch is an Irish woman, about thirty-five years of age, portly, and with a congested face and narcotic dilatation of blood-vessels, indicative of habits of intemperance. She herself admits indulging freely at times, although never to the point of intoxication; and as she is of loose and flabby texture, it is quite possible that she might bear a larger amount without cerebral congestion, than a person of different temperament. Looking at the fact too, which was in evidence, that she had been a victim to attacks of spinal epilepsy, occurring at irregular intervals for nine years, and that, if

her countenance, in even her soberest moments indicated permanent dilatation of capillaries, it might require large doses of alcohol to produce anything approximating to sthenic contraction of their walls, it was in some degree explicable why these epileptic seizures did not supervene upon her ordinary potations, although they did upon fatigue or any other depressing cause. Her habitual night cap, when she could get it, was ale, an article not chargeable with any fulminating properties, in whatever doses taken. So far as the history of her case could be interpreted, having no original insane neurosis, nor belonging to an insane family either lineally or collaterally, epilepsy in her seemed to have arisen from slow tissue changes, the consequence of those two most fatal factors in the deterioration of the laboring population, viz.: hard work and poor living, the latter both as fruit as well as cause of indulgence in drink. On the day preceding the commission of the homicide she had moved into new quarters, doing much of the lifting and carrying down and upstairs of her furniture. Previous to retiring she drank a glass of ale, nothing stronger. Her husband, who is a cleaner of street cars, leaves home at three in the morning, returning to breakfast at seven. He is a frugal man, of good habits, and kind of heart.

On the morning of the homicide, Mrs. Jenisch rose at six, dressed and proceeded down stairs to procure fuel with which to make her kitchen fire. Her two children, a boy, aged six, and a girl, aged four, who slept with their parents in an inner room, were both in bed at the time. On re-ascending the stair-case with wood in her arms, she felt one of her fainting fits (as she called them,) coming on, and calling for assistance to one her neighbors, she immediately hurried into her room. At this point her recollection of subsequent

events ceases, and the narrative must be obtained from the mouths of third parties. The neighbor who answered her call for help, says that upon entering Mrs. Jenisch's room, she found her lying in a chair with limbs outstretched, in an epileptic fit. This witness was skilled in the phenomena of epilepsy, having often attended upon her sister who was a victim to it. The most rigid cross-examination, with purposely misleading questions, failed to entrap her into a single misstatement of its symptoms. Unfortunately, however, she did not remain with the defendant until the latter had recovered, but quitted the room, leaving her still in the midst of her seizure. At a little before seven, a violent pounding was heard upon the inside of Mrs. Jenisch's door, accompanied by cries for help from her little boy, saying, "Mama is putting the baby upon the stove." The first person who came to the door, finding it locked (as she thinks,) ran out of the hall and climbed upon the fire-escape, and looking into the window, saw Mrs. Jenisch holding her little girl upon the stove, while at the same time she heard the child say, "Take me off the stove Mama and I'll not tell Papa." The witness noticed neither smoke nor fire in the stove, nor any issuing from the child's clothing. She could not describe either the exact position of the child. The mother, she says, was *standing* first at the stove, next near the cupboard. This is all the testimony as to the *factum* of the offence. The little boy, indeed, who is not old enough to be a legal witness, although the only spectator to the transaction, told in his childish way, after the examination was closed, how his mother took Carrie out of bed and put her *in* the stove, how she cried to be taken out, and the mother said "shut up." Being asked whether the mother held her there, he could not tell, and being further asked whether she

tried to get off, he said "*she couldn't because she stuck.*" Singularly enough, no *burns* were found upon the little girl's *hands* or arms, despite the struggles she must have made to release herself, and the transaction to this day can only be conjecturally explained.

At about a quarter past seven, the husband returned, bringing with him his brother. On entering the room, he was startled at finding it filled with smoke and steam. His wife was standing at the stove, trying in a stupid way, and after repeated failures, to put one rimmer on, when in fact, there was no central piece on which to rest it, and neither that piece nor the other rimmer were to be seen. They were afterwards found at the bottom of the stove-grate, and the wood and coal promiscuously piled upon them. He says his wife had such a dazed and vacant and stupid look, that his first exclamation was, "wife are you drunk?" She made no reply to this or subsequent questions put to her. Going to look for his children, as soon as he entered his bed-room, the little girl began crying out piteously, that her mother had burnt her upon the stove. Until this time the child had made no outcry, although as we shall presently show, she was actually burnt to a cinder in some parts.

The father immediately took the child out of bed, and in his testimony affirms that she had on a clean night-gown, unsoiled by stove black or smoke, and not burnt, but on raising it he noticed that the short undershirt was tinged with a deep yellow hue, as though by smoke, and, besides, emitted the smell of burning wood. Neither the child's arms, hands, or any portions of the body above the waist were burnt. On turning her around, he saw, however, the following fearful injuries to which she had been subjected. The nates, posterior aspects of the thighs, and calves, and the soles

of the feet were burnt in varying degrees of depth, from destruction of the integument, to shrivelling of the true skin, while on the nates in particular, the roasting had been carried to the extent of producing patches of gray, scurfy, muscular cinders, which the witness and attending physician, both compared to the rind of roasted pork. It was evident that after the child was burnt upon the stove, some one had removed the night gown she wore, placed a fresh one upon her and returned her to bed. Yet, and as the most wonderful feature in this hellish tragedy, no one had heard any cries from the little sufferer, save only the prayer, "O take me off the stove mama, and I'll not tell papa;" and when the father entered his apartments and was questioning the mother about the smoke and general disorder around the stove, not a cry or a groan came from the tortured victim in the bed-room, adjoining, and whose door was open.

On discovering the nature of his child's injuries, and that the mother appeared dazed, pre-occupied and insensible, the father started for a physician, at the same time handing the little girl to his brother. The uncle testified that, on asking Mrs. Jenisch what was the meaning of all this, she kept looking at him, but made no reply, and on his pressing her, she replied in a listless way, "I don't know, I feel sick," and immediately went to the bed, where she lay down and slept heavily until late in the forenoon, when upon the arrival of the family physician, she was roused and urged to get up. The child survived thirty-six hours, during all which time, although the mother was in the same room with it, she manifested no interest in its sufferings, took no notice of its cries, and had even to be compelled by a forcible command, to give it a drink of water. During all this time she did not speak unless spoken to, ap-

peared listless and apathetic, and moved about as one might do who was not fully awake, which as a pathological fact, was in truth her exact mental condition.

The evidence showed that Mrs. Jenisch was an affectionate and indulgent mother, always treated her children kindly, and never exhibited any cruelty or brutality towards them. Indeed, she was never known to punish them, even when they deserved it. Her sudden and unnatural change of demeanor towards her little girl during the hours of torture which followed her burning, were so diametrically at variance with her habitual conduct, that nothing but disease can explain it. The two physicians, one the coroner's and the other the family, who saw her in the last hours of her child's life, and at the inquest, were of opinion that she was simply imbruted by drink, and that upon no other principle could they account for her insensibility to the scene of suffering, which for thirty-six hours was passing beneath her eyes. There was no evidence, however, that the defendant had been intoxicated within any reasonable interval of time preceding the homicide. She certainly was not so the day before, when engaged in moving, she was not so when she went to bed upon a glass of ale; she was still less so at six next morning, and after her epileptic seizure she was constantly surrounded by those in attendance upon her child and never went out of the house; her husband is not a drinking man, but a steady, industrious German, so that the Commissioners could see no ground for the presumption, upon which these gentlemen founded their opinion, that Mrs. Jenisch was sane at the time she placed her child upon the stove.

The physical evidence of the epileptic seizure, was direct and unimpeachable, the internal evidence, from her subsequent behavior, was cumulative and corrobora-

rative of the fact, that she had been in an epileptic circle since six o'clock in the morning, and was not freed from its mental obscuration for at least thirty-six hours. All acts done by her, within that period, were tinged with the prevailing hue of her mental condition, and could be gauged, if at all, only by a pathological standard. To those unfamiliar with the chameleon phases of epilepsy, it will always be incomprehensible, how a person not in a somnambulistic state, but popularly speaking awake, may still be in such a condition of disputed self-identity, as to perform acts involving reflection, without recognizing his or her true relations to them. Self-objectivity, which is the highest form of mental intensification, appears to be interrupted, in all cases of diminished mental activity. Hence, between the point of extreme self-consciousness, and extreme self-obliviousness, there are innumerable shades of mental obscuration, during which we see ourselves, if at all, under larger or smaller angles of recognition, now in apogee, now in perigee, now in quadrature, now in full-face. It is through all these stages of mental obscuration, differing in extent of area, and in intensity, as well as duration, that epileptics are compelled to pass.

So far as any conjectural explanation of Mrs. Jenisch's conduct, can be framed from the laws of mental action, it would appear that in returning to her room, the dominant idea in her mind, was that of kindling her fire. When the epileptic seizure supervened it did not expunge it. As soon as she was able to command her limbs, she probably proceeded to the stove, threw the rimmer and cross-piece into the grate, piled coal and wood promiscuously upon them; and then, assuming that she had been in the habit of washing and dressing her little girl while her fire was kindling at morning, she may have taken her from the bed, and by mistake for

a tub, put her, feet foremost into the open stove-grate, seating her upon its edge. The locality and extent of the child's burns, would seem to indicate this. The difficulty at this point is to explain how a child four years of age, should not have struggled with its hands, to raise its body from the fire, which was burning it, to the extent even of burning its hands or arms, yet nothing of the kind was seen upon them. It may be that the child clung to her neck, nor is this unlikely, since a slight bruise was found upon the mother's eye, which may have been inflicted by the despairing child clutching at her neck. The night-gown worn by the child was never found. It must certainly have been consumed. The little boy in his statement, says, that his mother put it into the stove. But he could not tell who put the clean night-gown upon his sister, although he does say, that his mother replaced her in bed. Was this burning of the old night-gown an act of concealment? The evidence seems to negative this conclusion, for the smoke-stained under-shirt was left upon the child, to tell the story of the burns upon its body. Besides, there could be no object in preserving a half burnt garment, which neither proved nor disproved anything. Of course, the putting of a fresh night-gown on the child might be construed into a reasonable knowledge, on the part of the mother, that it was needed as a protection on that winter's morning, just as much as replacing it into bed and covering it up did. But it did not absolutely prove any knowledge of the particular circumstances under which that necessity had arisen, or of her true relations to the circumstances; and as their originator, she was evidently only an automatic actor of her own acts. When her husband came in and found her at the stove, she was still under duress to the dominant idea that she was kindling the fire, al-

though everything, coal, wood and rimmers were in a promiscuous heap in the stove.

In the presence, and under the weight of the evidence adduced, the Commission, after having tendered an opportunity to counsel on both sides, to make any remarks by way of further enlightening them, and after carefully examining the defendant, at various times, during the eight days, over which the inquisition extended, presented their report to the court, from which we extract the conclusions only.

#### CONCLUSIONS.

From the foregoing facts and findings obtained from the mouths of witnesses, whose testimony, hereunto annexed, remains unimpeached, the Commissioners respectfully report the following conclusions as their opinion upon the question of the mental sanity of the defendant, Isabella Jenisch, at the date of the offence with which she stands charged.

I. That she is a person in whom the disease known as epilepsy has long existed.

II. That on the morning of Friday, the 20th day of November, 1874, she was attacked by an epileptic seizure, from whose immediate consequences she was not freed for the space of over thirty-six hours.

III. That, assuming that within one hour after the invasion of such convulsion, she placed her child, Carrie Jenisch, upon a fire kindled in her stove and held her there, subsequently changed her night-gown, and replaced her in bed; assuming these facts to have been established by circumstantial evidence, amounting to a moral certainty, the Commissioners are of opinion that the defendant, Isabella Jenisch, when, and during the time she was engaged in the performance of these acts, was still within the shadow of the epileptic circle, did

not know the nature, nor intend the consequences of the act she was performing, by reason of mental aberration the product of disease, and was in consequence, within the intent and meaning of the statute, insane and irresponsible.

DATED, New York, January 14, 1875.

The presiding justice having approved the findings of the Commission, an order was accordingly made on the 26th day of January, for the removal of the prisoner to the State Lunatic Asylum, at Utica, where she now remains.

It will be noticed that the Commissioners, at the termination of their report, do not say that Mrs. Jenisch "*continues insane*," a statement which has generally in past times been considered essential, though when properly examined, will be found to have no basis, either in law or science, to justify its recital. In the present case, they did not insert that finding, because—

I. The statute does not call for it, and

II. Because the principle of law upon which the statute rests is this, viz., that when an inquisition has found a person to be insane, the presumption of the continuance of such insanity arises as a conclusion of law. Hence, a mere negative inference of such person's return to sanity, can not annul a legal judgment to the contrary, for in the eye of the law he continues insane until such finding is judicially vacated. The Commissioners found that Mrs. Jenisch was insane by reason of epilepsy, on the 20th and 21st days of November, 1874, it was also in evidence that she had another seizure in December. They made their report on the 14th day of January. Could any presumption, either in law or in science, arise that she had meanwhile recovered her sanity, and was a fit subject for discharge from all restraint?

But let us suppose that they had made such a supererogatory statement as that she continued insane on the 14th of January. What would it have been worth on the 26th, when the court made the order for her removal to Utica, unless the Commission had continued in session until that time, so as to be able to certify to such insanity to the very last minute?

It was enough that she had been found insane within a reasonable time, meaning a few months, to justify the presumption that she continued so. Any other statement relating to days and dates of continuance, would have expired at sunset of the day on which it was made, and necessitated a fresh proof and fresh demonstration on every succeeding morrow. Before blindly following rules of law, so-called, it is always safest to ascertain whether such rules have any foundation in reason for their existence, and if they are shown to have none, then the mere authority of a name should not be allowed to give to error prescriptive right by mere lapse of time. *Nam plus est in opinione quam in veritate.* (Digest XXIX, 2, 15.)

## GENERAL VIEW OF INSANITY.

LECTURE DELIVERED BEFORE THE BELLEVUE HOSPITAL  
MEDICAL COLLEGE, SESSION OF 1874-75.

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Though appearing before you as a lecturer on so special a subject as insanity, I shall endeavor to confine myself to the matter in hand as rigidly as may be compatible with a clear view of its varied and somewhat wide relations to general medicine. Perhaps there is no single disease having a wider range. I shall not attempt, in a few discourses, to give all that might be said, with profit, to students in medicine, on so important a subject; but shall endeavor rather to point out such essential principles and salient landmarks, as may enable you to take it up, and study it intelligently from books, and from patients hereafter coming under your care.

I would here remark that the literature of insanity is very voluminous, but as I desire rather to be practical than learned, seeing my opportunity is confined to five lectures of one hour each, and your time is precious, I will not stop to quote authors, but try to condense the prevailing opinions and present to you as succinctly as possible, such views as experience may have developed in my mind during the last twenty-four years.

This lecture I shall devote to the general consideration of insanity, and the terms necessary to express its phenomena.

## FIRST.—WHAT IS INSANITY?

This question opens a wide field both speculative and practical. I shall not embrace the whole field, however tempting it may be. What insanity is, medically considered, is the main question we have here to deal with. What it is in law, as a condition of partial or entire irresponsibility—in other words, its relations to jurisprudence, we shall not discuss at present. Of what it is as associated with theories of mental philosophy, we may be obliged to speak, incidentally at least. Its great social aspect, or the law of heredity, in its bearing upon intermarriage, as a question of social polity, we shall not attempt to discuss.

The definition of insanity is not harmoniously settled, although it has been a matter of discussion since the days of Hippocrates. It is probably impossible to satisfactorily define a condition which embraces physical changes and mental phenomena conjoined, and that, too, without any constant or uniform relation between them. The intimate and inseparable relation of mind and body—the fundamental fact of absolute inter-dependence of mind and brain—has not only been recognized always, but has given rise to diverse theories of disease involving positive antagonism in attempts to comprise the obscure physical and mental phenomena in a descriptive definition. And let me here say, all the definitions of the books are chiefly attempts at condensed psychological descriptions. They do not touch the essential morbid changes in the brain in any stage of the disease.

There are three theories of insanity. One that it is an actual disease of the brain and of the mind—the organ and its product. This theory logically requires the mind to be an entity of a physical nature, described by

some as a secretion, by others, as an effect of cerebral action of an undefined character. Cabanis says, "All intelligence consists in sensation, and all sensation resides in the nerves." "The somatic theory assumes the operations of the mind to be an emanation from those of the body, and considers mental disorders to be merely bodily ailments."—*Feuchtersleben*.

Prof. Tyndall has recently said: "The animal body is just as much the product of molecular force, as the stalk and ear of corn, or as the crystal of salt or sugar. The formation of a crystal, a plant or an animal, is a purely mechanical problem. \* \* \* Not alone the mechanism of the human body, but that of the human mind itself, emotion, intellect, will, and all their phenomena, were once latent in a fiery cloud."—*Medical Times and Gazette*, November 7, 1874.

I need not accumulate quotations from writers, as these will illustrate this theory. It is the somatic or purely physical theory, denominated materialism, and first formulated by Friedreich.

The second theory is the psychical, first enunciated in modern times, by Heinroth, but nevertheless ancient. It is the purely spiritual theory, that insanity is essentially and only, a disease of the mind. Heinroth taught that insanity was a perversion of the soul, in fact, equivalent to sin. (Bucknill *Crim. Lun.*) Ideler thought it was an immorality, rather than a form of irreligion, looking at it through ethical relations. (Ibid.) "The mind is the immediate seat of the disease, the bodily suffering is secondary. Mental disorders may be clearly traced to their origin, sin, error, passion."

This is only another form of the theory, that insanity was a demoniacal possession, and arose from disfavor of the gods. Hence, for centuries, the insane were almost neglected or were in the care of priests, and subjected to all manner of abuse.

Says Burrows, (Comment, on Ins.) "Madness is one of the curses imposed by the wrath of the Almighty on his people for their sins, and deliverance from it, is not the least of the miracles performed by our Saviour," and Dr. Burrows is one of the authorities.

This theory in its bald form, has never in recent times, had much hold out of Germany, and has been losing ground steadily, since the death of Heinroth. Still we must not forget, that such a theory is not an *invention* by some man to come and go with him. The theory is rather the growth of prevailing thought, formulated by some master mind, and thrown into the general moving current of the intellectual life of mankind, there, too often, to influence quite as much by its sophistry, as by any grain of logical truth it may hold.

This theory is not dead, as you will have reason to know, when you come into practical professional life. You will find it in all classes of society, and frequently, as an embarrassment to your professional efforts. Intelligent people will say to you, "Doctor, it is the mind that is wrong, what can medicine do?" and you must be prepared to meet this. This theory permeates downward through each of the stratas of society and intelligence, to the ignorant, superstitious wretch, who pounds or purges or starves the body to get the devil out. This is part of the doctrine of witchcraft and spiritualism, in various forms, dignified by its adoption, even by men of science, and kept alive by fanatical and superstitious persons, under the sacred name of religion. As out-growths of this theory we have moral insanity, emotional and impulsive insanity, and last, but not least, that figment, transitory mania. By the advocates of this theory you will be told, that insanity may exist without any disease of the brain, and they will point you to the assertions of books—printed either before microscopic inves-

tigations were employed, or before the instruments had been perfected so as to make minute investigations, or to more recent writers, who either quote from such books, or make their assertions without practical knowledge—to prove that post mortems, in a large number of cases, fail to reveal any appreciable organic changes. Says Winslow, (Lec. on Ins., p. 52.) "Can we conceive a more preposterous notion, than that sanctioned by high authority, which inculcates that the spiritual principle admits of being distorted, deluded, depressed, exaggerated, perverted, exalted, independently of any bodily disease, or modification of nervous matter," and he adds, "is it necessary that I should, in this advanced age of the science of physiology, stop to argue the question, whether the brain be or be not the material organ of the mind?"

These references to authorities might be largely multiplied, but I do not desire to do more than point out to you the tendencies of such theories, and warn you against them in any form.

The third, and I believe the true theory is this. That insanity is a disease of the brain—a morbid physical state, and not in any sense a disease of the mind, but only so far as the mind is concerned, a disturbance of its manifestations. This theory assumes a soul or spirit independent of the bodily conditions, as far as disease and death are concerned, and not a cerebral *product* in any sense. It assumes the brain to be the instrument of the mind, "the physical instrument of mental action," (Bucknill, *Crim. Lun.*) It assumes that a morbid physical change must occur in the brain, or its investing membranes, as a precedent fact and cause of insanity.

Helmont in 1675, in opposition to some views of Paracelsus, declared "that the mind of man itself can never become disordered, but that it is always the

*Anima Sensitiva*, (the bodily soul,) alone, which he personifies under the name of *Archæus*, that suffers." *Feuchtersleben*.

I do not deem it necessary or profitable, after having set forth these three theories, to enter into any discussion, either of the merits of the so-called systems of philosophy upon which they rest, or whether materialistic sensationalism, spiritual or ethical transcendentalism or cerebro-mental philosophy shall be accepted.

What I desire to impress on your minds, is, that insanity is one of the neuroses—always an actual disease of the brain; says the distinguished Dr. Brigham: "The phrase derangement of mind conveys an erroneous idea; for such derangement is only a symptom of disease in the head, and is not the primary affection.

\* \* \* \* The immortal and immaterial mind is, in itself, surely incapable of disease, of decay and derangement; but being allied to a material organ, upon which it is entirely dependent for its manifestations upon earth, these manifestations are suspended or disordered where this organ is diseased." Again, as the greatest of experienced teachers Griesinger, has said—"Insanity being a disease, and that disease being an affection of the brain, a disease which also causes death it can therefore only be studied in a proper manner from the medical point of view."

Says *Blanford*, "unsoundness of mind is but another term for disorder of the human brain, or rather of that portion of nerve matter, which has for its function, that which we call mind and mental operation."

As to any disease of the spiritual part of man we must leave that to the clergy. There is a moral and religious aspect of insanity with which as citizens and as men you are concerned, but you can not study these aspects of the disease now, although they are among

the greatly vexed questions of the day. You will have time enough to pursue these inquiries in the progress of your professional studies, when you become physicians. Then you will have to aid you, abundant materials in domestic, social and intellectual life, in health and disease, from which social theories and philosophies are constructed. You will also have abundant materials in books, if you wish to pursue these subjects, for the literature, direct and collateral, embraces the history of 2,500 years, and the views of leading minds from the days of Socrates.

I would by no means dissuade you from the study of philosophy. It is too evident to escape your notice, that to understand the disordered workings of the mind, you must study it in health. Indeed the physician necessarily becomes a student of mental philosophy in the course of his professional life. He has to deal constantly with mental phenomena in all forms of disease. In cases of indigestion and constipation, he has often to deal with *quality* of depression—I say *quality* that you may bear the word in mind—which he may afterwards recognize in a more marked degree, as the developing central, painful impression, clouding the judgment, and disturbing the emotional life, and heralding an attack of melancholia. Further on he finds this *quality* of depression becoming a defined, concrete, painful sentiment, occupying the entire thought and ultimately developing into delusion, and the patient is insane. So in other forms of insanity, the normal, natural habits of thought—the ordinary play of feeling—will be found to have undergone an *unsteadiness* under physically disordered states, which may or may not have been brought to the attention of the physician, before the final catastrophe in open insanity. Griesinger lays great stress on this state of alteration in mental condition, at the outset of an attack.

The general fact I should like here to impress, is, that insanity is not a mysterious, strange, incomprehensible condition of mind. It introduces nothing new. It is only a heightening, lessening, or perversion, more or less complete, of the natural qualities and characteristics of the individual; a changed state of the mental operations due to physical disorder within the cranium. That this disturbance of feelings, and the mental operations are often painfully appreciated by the patient, is a significant fact. Indeed, the majority of persons who become insane detect the earlier indications, and are frequently able to give the preceding and concomitant bodily troubles. And it is not uncommon for persons to seek admission to an asylum themselves, not simply under vague apprehension of insanity, but under a recognition of bodily and mental disturbance, in which they are conscious, to use a common phrase, that they "are out of their mind," and are "not themselves." I wish here to state that I have never carefully examined an insane person who did not present physical marks of the disorder, and I have never seen a post mortem of the brain of an insane person, however recent or mild the attack, where the microscope failed to reveal lesions of structure.

I have dwelt so long on this part of the subject to bring your minds fully to recognize the one central idea of disease, and to forewarn and thus forearm you, against drifting through the too open channels of general but unscientific thought into the loose notions that unhappily prevail as to what insanity really is: to bring you to look upon it as medical men, discarding all vague speculations: to urge you to use, in reflection and study, upon this vitally important subject, your preliminary anatomical and physiological information, that under clinical study you may the more easily

apply the principles of pathology in investigations.

For centuries, mental philosophy not only overshadowed but dominated medicine, medical science looked up to philosophy, not only as more noble than herself, but accepted the data she presented for explanations of physiological phenomena, and also the terms of philosophy in which to express the processes, conditions and phenomena of physical life; and this, not only in classification, but in pathology as well. Thus we have such terms as inflammation, congestion, fever, taking simply the sensible signs, like the heat, redness and fullness, as the pathologic expression, instead of the real morbid process which caused the heat, redness, &c. Then at length the question was asked what is inflammation? Certainly it is not answered by the descriptive expression,—heat, redness and swelling. So we have the terms headache, diarrhœa, dysentery, jaundice, salivation, not one of which approaches to an expression of the pathologic state it is intended to characterize.

The brain diseases are equally ill characterized, with little or no relation between terms and conditions. In insanity, the substitution of effects for causes, and causes for effects reaches the extreme of this confusion. The mental phenomena are first taken as manifesting moral causes, and then as being the essential elements of the disease and the conditions to be treated.

The study of physical science within the last century has necessitated the limitation of philosophy to its legitimate domain, and though much confusion remains, this step has largely effected the release of medical science from its domination, so far as metaphysical conceptions were used as correlative with physical facts. Indeed the sciences of metaphysics and physics are now recognized as distinct, and the domain of each pretty well defined.

Medical science has been rapidly advanced by this revolution in the method of study, not only in diagnosis, by means of instruments for physical exploration and surgical relief, but quite as much in the more careful study of physical changes, and the application of physical processes to the study of pathology.

Chemistry, once the neglected part of medicine, has really advanced to the front rank in importance, and we now talk more of analysis of secretions, chemical constituents of blood, urine, &c., than of descriptive conditions. In therapeutics, chemistry is now fully acknowledged.

Having thus so largely dissevered metaphysics and physics, in the study of general medicine, there can be no reason for not applying the same method to the relief of what is denominated psychological medicine, and including insanity wholly and finally in the category of the neuroses. This is what we desire to do.

There are difficulties in the way of the successful study of insanity, but they are not insurmountable. I have mentioned some, the theories of mind, and the confused and often perplexing phraseology used; also the inexactness of terms, and the historical or traditional idea of mystery about the disease. All these are simply obstructions, which organization and elimination will remove or at least remedy. It may be more difficult to establish clinical instruction in this than in other neuroses, but difficulties may be overcome, and will be if a sufficient good is to be attained. As the revelations of the microscope can now be so accurately represented by photography, and the heliotyping process, pathology can be as well illustrated, in this, as in any other nervous disease, a statement I hope to be able to verify in a future lecture. It is not to be expected, however, that all this can be accomplished by a few, and at once, but in time, and by many, co-operating.

As the second part of this lecture, I wish to bring to your attention some of the terms used in all works on insanity, and which you will find it important to understand, in order to use them with proper discrimination, not only in studying the phenomena or symptoms of insanity, but in diagnosis and practice. These terms you will especially need to comprehend, if called upon to give opinions respecting the mental condition and responsibility of parties having made contracts or wills, or having committed crimes against persons or property, or in cases where it may be proposed to appoint guardians over the persons and estates of those suspected to be insane. All of which you will find to be highly responsible duties when brought to the witness stand, and called upon to answer under the solemnity of an oath, holding at the same time in your keeping, the dignity of your profession.

These terms are, hallucination, illusion, delusion, impulse, lucid interval. Of course I mean more than the simple definition of these terms, or their recognition as indicating the general possibility of insanity in any given case in which they may be found. I wish to call your attention to these terms as illustrating pathological states, and as essential to a correct understanding of the phenomena presented in conditions of insanity, and especially as necessary to differentiate insanity from other diseases of the brain, and from various disordered states of the nervous system not amounting to insanity.

*Hallucination* is variously defined by authors, and is used in a wide sense.

In a restricted and medical sense, it is a false perception of the senses. The person sees, hears, smells, or feels that which has no existence.

An *illusion* is an error of perception. The person transforms a real object or sound into something else.

A *delusion* is, in a general sense, a false idea. In a medical sense, it is a false belief, and mainly, as it appears in insane persons, a misinterpretation of the appearance, the manner, the speech, the acts of those about them, or their circumstances and conditions.

These three terms are often used as synonymous. They do interlace with each other. However, if you bear in mind that hallucinations and illusions are only associated with the special senses and bodily sensations, and that hallucination is wholly error, that what the patient maintains that he sees, hears, smells or feels, is utterly without foundation, and that illusion is a deception as to the identity or real character of the object, that the patient simply transforms a certain object into something else, and that delusion *only* applies to ideas, you will establish in your own minds a sufficiently clear distinction. To put the matter in the plainest possible language, hallucination is a lie, told by the senses out and out. Illusion is a deceptive view of any existing fact or thing by the senses. Delusion is a belief, by the mind, of that which has no foundation, and as we often see delusion in insanity, an untrue interpretation of that which does take place.

At this point I would recall to your minds a statement previously made, that insanity introduces nothing new. These terms, as must be evident to you, describe conditions of the senses and the mind, constantly found disconnected with insanity. All these states of mind and senses are acknowledged to be compatible with reason, with entire freedom from insanity. I do not say they are compatible with perfect health. It is apparent that these phenomena are not simple matters.

Let us first then dismiss from consideration here, certain hallucinations, illusions, and delusions, not the offspring of disease; at least, as far as we can know, and as

is generally conceded. I mean that class which belong to the reproduction of mental images such as are represented poetically in *Macbeth*; "Is this a dagger, &c.;" or as in *Hamlet*, when the Prince sees the King, his father; all those produced by reverie when voices are heard, and even images are produced, a sort of mental mirage, also those of distinguished men, such as Dr. Samuel Johnson, Nicolai the bookseller, of Berlin, Leuret, Andral, Ben. Johnson. All these were corrected by the understanding. They did not believe them, and therefore were not mad. There are hallucinations, illusions, &c., given by various writers, in which the persons maintained full belief and yet were sane, as Napoleon in his star, the radiant child of Lord Castlereagh related by Winslow; that of Baron de Géramb given by Dendy, (*Philosophy of Mystery*,) and numerous others. In these cases, it was either from superstitious education, or a belief in such appearances as not only consistent with religion, but indeed as a sort of divine revelation or foresight. Belief was maintained in their truth, and the persons were not insane. So we shall dismiss all spiritualism in whatever form, all the visions of religious devotees, and all classes of enthusiasts, including the extraordinary epidemics of the middle ages treated of by Hecker and Hallam. All these belong to the general subject in philosophic discussions, but they would only confuse the field of inquiry to which I desire now to call your attention as medical men. You only wish at this period to ground yourselves in the medical aspects of the case. Your inquiry is to be made from a pathological standpoint, and through anatomy and physiology. You have, it is true, to deal with the material organism and the phenomena associated with its activities: but here and now, only with morbid phenomena.

You will ask what hallucinations, &c., are we to consider, and why take into account any?

You will bear in mind two things: 1st. That in the class of cases already referred to, the persons recognized certain phenomena outside of, and contrary to ordinary experience. One class recognized them in their true character, as deceptive and unreal, and properly attributed them to some unrecognized departure from bodily health. The other class looked upon them as outside of their experience, but at the same time as true, considering them as revelations, from the unseen and unknown, to guide, warn, or instruct themselves or others in the affairs of life.

2d. That the history of the rise and development of the phenomena, and the explanation adopted by the persons affected, whether through advice or not, of others, qualified the hallucinations, &c., and characterized them, so that their reason accepted them, one class treating them as unreal, the other as religious reveries.

Hallucinations, illusions and delusions, not included before, and to which I would now draw your attention, are those of the insane, embracing mania-a-potâ, epilepsy, hysteria, catalepsy, &c. All of these are due to recognized disorders of the nervous system, and are particularly and essentially within the province of medical practice. You will bear in mind the definition of these states. Hallucination, error of the senses. Illusion, deception of the senses. Delusion, false belief. They form a group which you will often find associated: hallucination and delusion, far more frequently than illusion. You will find many insane persons who have delusions, but who have no hallucinations or illusions. On the other hand, where you find hallucinations and illusions, you will always find delusions, if the person is insane. This brings up the question of the origin and character

of these deceptions of the senses, so-called. Delusion you will remember, is wholly an error of mind, a false belief. Now I wish to say that while I have so distinctly drawn a broad line between delusion, and hallucination and illusion, referring the latter two to the special senses, I do not wish to be understood as teaching, that, in insanity, the senses have anything to do with the origin or character, of either hallucinations or illusions. I wish to say, that while they are of the *order* of sensory phenomena, they are essentially of the character of delusions. The hallucinations and illusions of sight and hearing in insanity, have their origin in the brain, as a part of the disturbance of mental operations, and the senses have nothing to do with them. They are due to disease in the brain, and not to any affection of the organs of sense. Doubtless there are insane persons, who have true hallucinations from disease of the organs of hearing and sight, but such cases are rare; these are mostly roaring in the ears, sound of bells, and various undefined noises, flashes of light, seeing half of an object, or an object double, and other phenomena common to diseases of these organs.

But those to which I now direct your attention, only spring from morbid states of the brain, and are built up under delusive ideas. The history of cases goes to support this view, as well as the suggestions of mental philosophy. Nevertheless, I do not wish you to lose sight of the fact, that you can study the phenomena of hallucination better under such a division, and further, as all standard works, and especially works on medical jurisprudence, recognize hallucinations and illusions as of the senses, you will need to use this division, as I said earlier, with discrimination. For fear I may not recall this when I speak of treatment, I will here add, that in treatment you will discriminate, and

not attempt to treat these symptoms, as though the ears and eyes were involved. There are some authorities who look upon these phenomena as belonging, in some way, to the senses. Such a theory could only rest on assertion; only on the declaration of the persons, that they were conscious of participation of the senses, but it can have no ground work in physiology. Some have declared too, that they have touched the phantom objects or persons. This has no weight as proof, however, that the special senses are at fault. It only shows that in these cases there are added false sensations. I have heard insane persons declare they have been assaulted, have had daggers run through them; have seen them strip and point out the injuries, and declare they could see the bruises and even blood, when there was not the slightest foundation for the statements; women have declared to me they had been ravished night after night, and described the persons. A young man recently admitted, while in the office, gave a detailed account, before his father and friends, of having been transformed into a woman, by a surgical operation. He said that his stomach had been cut out and a copper one put in, that he could hear the food rattle in it, and urged me to examine it; that it was all done in daylight, in his own house, by the doctor, his father, and three men, who came through an opening in the wall when called for; that he saw these men coming through the wall, and spoke to them, and had vainly struggled against the outrage; he then made a passionate appeal to his father to confess to the act, so that I might believe his statement, and do something for his relief. He had been furiously mad, raving, and in this state of mania had been held, and these were the hallucinations, illusions, and delusions developed. After his recovery he spoke of these incidents as among the sharpest realities of his life. I might give further

illustrations of the origin of these phenomena, but it is unnecessary. The clinical history of cases shows:

1st. That in these cases there is no disease of the organs of special sense.

2d. Hallucinations disappear with the decline of delusions, if recovery takes place.

3d. Hallucinations take on the character of the prevailing delusions, or false line of thought.

4th. Hallucinations disappear in dementia or failure of mental activity, but remain in chronic mania, with activity of mind and fixed delusions.

5th. Entirely blind and deaf persons, have hallucinations of sight and hearing, when insane.

6th. Hallucinations of sight, are prominent and frequent in the dark, as well as in the light.

7th. In the acute stages of insanity, hallucinations and illusions are present, and rapidly change with the constantly changing false ideas, revealing their mental origin.

8th. The hallucinations of the insane are not simply vague sounds, or words, or lights, or ghostly shadows flitting about. They are compound and varied, often consist in seeing and talking with people, in long conversations; they are often like a reverie, intensified or personated.

(At this point cases were given, from personal experience, illustrating these several propositions.)

You must, however, not be surprised, if in all cases you are unable to draw the line sharply, but you must draw it. You will not always be able to trace a similar connection of delusions and hallucinations in different individuals. Certain delusions in one person may develop quite different hallucinations in another. This occurs as the result of education and habits of thought, and is an additional argument for the mental origin of hallucinations in the insane. In epilepsy, hallucinations have great significance. They are usually brief, and may lead to criminal acts. You may often trace an epilepsy, not suspected, by the hallucination. Hallu-

cinations usually come before the fit, but the fit may be abortive, and the hallucination be followed by a delirium, or a brief maniacal attack, instead of the convulsive seizure.

Recently a gentleman consulted me about his brother, a very intelligent man. He said he was oppressed with the idea that he had committed a horrible act, and gave this account. He was in New York in a picture gallery, and saw a man beside him with whom he talked a few moments, then invited him to his hotel, to his room, and there committed a crime. He found himself in his room at the hotel alone, and now is periodically oppressed with the terrible idea of crime, and the probability that the friends of this man will have him arrested. On this statement I suspected epilepsy, and that this whole affair was a hallucination in connection with a fit. Asked if he ever had had convulsions. The reply was he has twice since suddenly fainted away. He has an epileptic uncle. I recall the case of a very intelligent woman in whom epileptiform attacks were always preceded by this phenomena—suddenly she saw a little girl at the top of a long flight of stairs, in a red hood; she had time to sit down between the appearance of this child and the seizure. In another case, the epileptic always saw before him, preceding the fit, a man with a raised club. This phantom he always struck at, occasionally hitting an individual near him, and at other times striking the wall, or striking in the air, and falling.

Of hallucinations in mania-a-potû, I need only remark that the history of the case would readily show what origin they had. Besides, the hallucinations following alcoholic poisoning are generally sufficiently characteristic to stamp the case. The hallucinations of hysteria and catalepsy are in the nature of ecstasy of which the lives of Anchorites and Mystics give us many illustrations.

The next term I would call your attention to, is "impulse." Perhaps there is no term of less intrinsic significance, in the study of insanity. It expresses no condition of insanity, and characterizes no true phenomena of the disease. Its use only creates confusion, and it is as unnecessary as it is inapplicable. It is one of those make-shifts coined to meet cases ill-examined, and has mainly been used to screen criminals from the just punishment of the law. It is one of those substitutions, of metaphysical assertions for physical facts, which have so hindered progress. It has done more to bring the profession into just contempt than any other term of speculative expertism which has obtained foothold, under the guise and protection of science. This term while it was only applied as a qualifying word to describe certain acts of the insane, which were suddenly executed, and apparently without premeditation, did no harm. Here it had the same meaning as when applied to acts of the sane. The word was used as qualifying a mental state during an act, such as impulsive suicide, impulsive homicide. By transposition it is suicidal impulse—homicidal impulse. The transposition is easy and simple, but mark how it changes the sense. Now it declares not that these acts were apparently unpremeditated and sudden, but that in the mind there was suddenly generated a murderous impulse, an irresistible power, which, without the intervention of reason, or any intellectual act or motive, suddenly impels to the physical acts of suicide or murder. One step more and a murder is "impulsive insanity." What could be more absurd, unphilosophical and illogical, than such a conjectural condition of mind and body. Impulsive disease! Why, one might as well talk about impulsive diarrhœa or hydrophobia. Yet it is a grave thing, because it is unfortunately installed in the vocabulary of both medicine and law.

Bucknill says, it can only exist on the basis of a diseased emotion, and we do not credit disease of emotions. Maudsley describes it as a convulsion. "The impulse," he says, "is truly a convulsive idea from a morbid condition of nerve element, and is strictly comparable with an epileptic convulsion." If it is an idea, it is not an instinctive act. Griesinger speaks of cases where individuals hitherto supposed to be perfectly sane, and in the full possession of their intellects, "are suddenly, and without any assignable cause, seized with the most anxious and painful emotions, and with a homicidal impulse as inexplicable to themselves as to others." p. 264-5. He gives three examples from somebody else, none from his own large experience. The first is a case about whose physical condition nothing is said. The patient's letters are the evidences of this state. The second is that of a woman who seemed about to smother her child, but who was detected, and immediately was seized with the most violent feverish symptoms, which lasted for several weeks. After recovery, she had no recollection of the occurrence. The other is that of a woman who consulted a physician, "about a complaint concerning which she was in despair." She was tempted to kill her children. A careful reading of these cases would place the first and last cases under melancholia, and the other under mania. This latter probably had no intention of smothering her child; but the chill preceding the fever, in her state of mind, suggested the idea of covering the child.

Griesinger says, p. 302, however, with characteristic judgment, "we can not speak of the absence of delirium in these cases, where there is a morbid impulse to commit acts of violence. That the murderous ideas are, in themselves, delirious ideas, just as in furious mania, and in all violent emotion, as in rage." The

morbid disposition he believes gives rise to the vague and disturbed ideas, opinions and conclusions. In fact, this state is, in its mental uncertainty and incoherence, quite like the more demonstrative states of incoherence in mania.

Griesinger makes this significant comment, "we recognize the fundamental fact that in no case of mania, is the conscious thought, the intelligence, perfectly free from any disorder. Even, in the very slightest degrees of mania, the intelligence participates in the general exaltation." This certainly is conclusive as to his views.

On concluding this matter he gives the following sound advice, p. 303: "it is at all events more advisable to allow these obscure terms, which provoke the curiosity of lawyers and other laymen, to fall completely into disuse."

Says Bucknill, (C. L., p. 39:) "It would be well if the term insane *impulse* could at once be banished from medico-legal discussions. The adjective in common use, *uncontrollable*, is also liable to serious objection." He further adds, (Ibid.) "The real question is, not whether the emotions occasioning the overt act, are beyond the power of the individual to control, but whether they are the result of disease." This, gentlemen, is indeed the sum of the whole matter. If certain acts and ideas are traceable to cerebral disease, they have a pathological origin and are excusable; but if not, the individual is responsible, in law and morals, and is not insane, no matter what he may have done or what opinions he may have uttered, without respect to whether man is considered a spiritual being or simply a physiological machine.

There is another term of which I will briefly speak, "lucid interval." This term has its principal signifi-

cance in jurisprudence, particularly with reference to wills and contracts, but occasionally with respect to crimes. You will have to deal with this term in general practice. You will be called upon to determine whether patients, who have been unquestionably insane and who have had guardians placed over their person and estates, have really recovered, or whether certain rational speech and conduct amount to what may be called a lucid interval. So you will be called on to draw this same line in behalf of persons acknowledged to have been insane, and who have for a time manifested no irrational conversation and habits, and are desirous of executing a deed, or making a sale, or contract, or assuming some trust. You will need to appreciate the meaning of the term lucid interval.

In ordinary disease we use the words intermission and remission to express temporary suspension or abatement of symptoms. We know the disease still exists. We expect the phenomena to reappear. In insanity there are also apparent intermissions, and there are remissions, but a lucid interval is a condition not of entire freedom from disease, but a degree of clearness of mind, which for the time holds in abeyance the true manifestations. I have seen such cases during the progress of insanity. If you are called upon to answer on this question, which is a matter by no means settled by the books, it is safe to first make your own definition, as being an abatement or non-manifestation of symptoms, and if this is not enough, then express only an opinion as to the rational or irrational conduct, manner and speech of the individual as then brought before you, keeping in mind also that rational and sane are not convertible terms. The term sane is a positively defined state of soundness. Rational is applied also to particular acts or manifestations, to the

seeming or apparently rational condition of mind as casually observed in the speech and conduct. An insane man may appear rational, but he can not at the same time be called sane.

There are other terms used in a more or less technical sense, but these are the terms, which you will find it especially important to keep in mind, in diagnosis and practice, and particularly if you are on the stand as medical experts.

I said in the beginning I should not discuss philosophy, or the theories of mind, except incidentally. To this extent it has seemed necessary to the appreciation and proper elucidation of this subject, particularly as the tendency of the times is rather to obscure physiology by the intrusion of metaphysical speculations and generalizations. I have wished to impress upon your minds the absolute necessity of studying insanity in its strictly medical aspects and from a pathological standpoint, and of studying psychology as another branch of science, the science of the philosophy of mind. I cannot too strongly urge you to ground yourselves in anatomy and physiology if you would be successful in the study and treatment of nervous disorders. Know the organism well, and all its varied functions, and then whatever view you may take of mind in the abstract, you will not fail to appreciate the symptoms and disordered processes, which you will, as physicians, be called upon to treat.

You will then find, if familiar with all these, that it will be of far more consequence to you, to be fully in accord with medical science—to understand thoroughly the laws by which this wonderful mechanism of body and mind exists, and to be able, at the bedside of the patient, that crucial test-point for all of us, to interpret the phenomena of nature as she reveals them in health and disease—to be truly Doctors in Medicine, rather than to be Psychologists or even Philosophers.

## BIBLIOGRAPHICAL.

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### REPORTS, TRANSACTIONS OF SOCIETIES AND PAMPHLETS RECEIVED.

*Second Annual Report of the State Commissioner in Lunacy, for the State of New York, for 1874.* JOHN ORDONAU, M. D., LL. D.

The Commissioner gives a history of the legislation looking to the revision of the statutes, relating to lunacy; enumerates the changes and additions made in the code, and treats of its workings during the year of its operation. The objections made, are almost exclusively the result of negligence on the part of those complaining, and are rapidly disappearing as greater familiarity with its provisions is gained. The report contains a strong recommendation for providing suitable accommodation for adult idiots, and also a separate institution, for the care and treatment of epileptics, of which there are now under care in public institutions four hundred and seventy-seven, and probably twice that number in private families.

The history of epilepsy, is said to be the history of violence, and too often also of crime, either attempted or accomplished. In the State Criminal Asylum at Auburn, out of a population of eighty-nine of one sex, there are sixteen epileptics, or nearly six per cent., all of whose crimes were those of violence or emotional excitement. The condition of the insane in the County Asylums, has been made the subject of examination, and the dietaries of those institutions very justly criticised. The attention of

the Board of Charities and Corrections of New York City, was called to the necessity of furnishing a more liberal diet in the asylums under their care.

A full report is made of the action, and result of the investigation of the King's County Asylum, at Flatbush. In his first annual report, Dr. Ordronaux called attention to the insufficiency of the dietary of this Asylum, and to the deficiency in bedding and furniture. During the year these articles were not furnished in quantity, more than sufficient to supply the places of those worn out, and the deficiency continued. The complaint that the Commissioners of the Asylum failed to provide the Institution with certain necessities of life, of prime importance to the sick being made, he instituted a formal investigation. The testimony taken, is, in the depositions of Dr. Carlos F. Macdonald, Superintendent, Dr. Archibald Campbell, Assistant Physician, of the matron, cook and attendants, presented in the report. From them it appears that there was such an insufficiency of diet, both as regards quantity, quality and variety, that the health of the patients was seriously affected. We quote from Dr. Macdonald's affidavit.

"Cases of scurvý are not infrequent, and general anemia and bowel complaints are common; and acute diseases exhibit a greater fatality, because patients are not so well able to resist their ravages. Even attendants notice these things, and state that patients are getting sick because of their low diet. I have made these things known on several occasions, to the committee of the Asylum and also to the general store keeper. Sometimes an improvement has followed a complaint, but it has not continued. The present absence of butter in the Institution has frequently been brought to the notice of the Commissioners. Owing to the low diet the patients are much more disturbed and turbulent, and their recovery greatly retarded.

There has been a lack of clothing throughout the past winter; friends in many instances being compelled to supply it; also of bedding—many of the beds have but one sheet, and some not any.

Owing to the destructive habits of some patients, and the difficulty of obtaining a fresh supply, there is much suffering on this account, some having to lie naked in bed, while their garments are being washed. I have frequently called the attention of the Commissioners to these facts.

There is also a great lack of furniture in the halls, and bedrooms, such as chairs, settees, and bedsteads, so that many of the patients have to sit upon the floors. There is also a great scarcity of towels, combs and brushes, and attendants complain that they can not keep patients clean on this account. These facts have also been mentioned to the Commissioners.

The attendants constantly complain of these things, and threaten to leave, and several have already done so—among them one of the best, and the service has thus lost the benefit of experienced and reliable persons.

CARLOS F. MACDONALD,

Med. Supt. Kings Co. Lunatic Asylum.

The testimony of the others was to the same effect.

Following the investigation in which all the charges made, were sustained, the Commissioner addressed a communication to the Board of Supervisors of the county; no notice having been taken of this, after a session of the board had supervened, he addressed a second communication, setting forth more minutely, the want and destitution that prevailed. The next day the needed articles of food were received.

"In obtaining this relief nearly three weeks were consumed, which, added to the previous three or four weeks of destitution, made it a historical fact that for over six weeks a community of sick persons in a public hospital contiguous to the city of Brooklyn, and whose tax-paying citizens had abundantly provided for the support of these unfortunates, was allowed to suffer for the want of articles of food the most indispensable to their prostrate condition. \* \* \* \* \*

Not long after these occurrences, complaints again reached me that while a slight amelioration in regularity of food supplies had been secured, the bedding and furniture were still inadequate in amount, and lastly and more seriously still, that great insubordination existed in the Institution, owing to the fact that the subor-

dinate officers, imagining because of their appointment by the commissioners, and the existence of certain relations of personal friendship and political obligations between them, that they were the equals, if not the superiors, of the medical superintendent and his assistants, deliberately violated his orders in some instances—neglected them in others, and manifested a general disinclination to show him that personal respect to which his office and character entitled him. Official complaints presented by him to such of the commissioners as he could gain access to, were unheeded, and it is doubtful whether any of them ever reached the board in their corporate capacity. If they did, they were treated with contempt, since no redress was afforded, while those who had insulted him and trampled upon the discipline and character of the Institution were kept informed of these complaints, and induced by their political sympathizers to repeat their aggressions upon the executive authority of the medical superintendent. Finding himself unsupported by those whose fiduciary relations to him imposed that duty upon them, and perceiving that no appeals to that sense of duty could awaken it into action, the medical superintendent and his two assistants resigned in a body on the 5th day of August. \* \* \*

With unbecoming haste and an utter disregard of the official proprieties belonging to such an occasion, the commissioners immediately accepted this resignation, and thus gave countenance and support to the spirit of insubordination and lawlessness which had finally triumphed through their acquiescence, over the authority and prerogatives of a zealous and accomplished executive officer.

In view of these facts and in the interests of all similar institutions, I would call the attention of the law-making power to the following conclusions, as explanatory of the misgovernment of this Asylum:

First. That the medical superintendent had not sufficient executive power, given him to render his administration efficient. Any officer, however high, or however humble, who is not provided with means to meet and overcome emergencies, will always move in a paralyzed way, and continue to endure wrongs which he knows he has no power to conquer. His only safety consists in that neutrality of behavior which seeks escape from responsibility through inaction, and finds in an inglorious retreat from the emergency, the easiest way of preventing his own decapitation.

Second. That the commissioners had utterly failed in their personal, as well as their corporate relations to the institution, evidence being laid before me, that for over a year, no member of

the asylum committee had visited or inspected the wards—had acquainted himself with the quantity or quality of food supplied from the kitchen by personal inspection; or knew by direct observation what was the state of the furniture of the institution as to deficiencies in clothing, bedding, chairs, washing and toilet articles, or any other matters appertaining to the decencies of domestic life.

It was also and further made apparent to me that the commissioners in appointing such officers as the steward, matron and others, had given them no specific information as to the details or limits of their sphere of duty—their relative rank to the medical superintendent and other officers—or to the law of subordination under which the officers and attendants in such an institution must mutually act. They appear to have sent them to their places without any other formalities of induction than the personal notice of their appointment, and the assurance that they could not be displaced by any other power, an invitation to insubordination as profligate as any that can well be imagined, and one which, as the sequel has shown, was not allowed to go unimproved.

The fact also as stated by Dr. Macdonald in his deposition that no printed rules or by-laws for the internal government of the institution existed, is another proof of the negligent oversight exercised by the commissioners of the trust committed to their keeping. It could not be otherwise than that insubordination should spring up in an institution where no source of definite authority being kept in view, and no living symbols of its commands being law, each officer and attendant became a law to himself, making his own rules and changing them at will."

*Report of the Commissioners of Lunacy, to the Commonwealth of Massachusetts, January 1875.*

The Commissioners are Dr. Nathan Allen and Wendell Phillips. Dr. Allen has written the bulk of the report and treats of the general subject of insanity, its distribution, cost to the State, and the details of treatment in asylums. He concludes that there are now in the State more than 4,000 insane; that insanity is on the increase; that for the twenty years, from 1850 to 1870, this increase was about 12 per. cent. greater than that of the population. Further analysis of the statistics

shows that this increase is largely, if not entirely made by the foreign element of the population. Nearly one half of the insane in the State, are still outside of the hospitals.

There are three classes of the insane, viz.: State patients, those who have no legal settlement; of these five hundred and one are provided for in the various hospitals, and three hundred and nineteen at the receptacle at Tewksbury, at an expense to the State of \$125,000 annually. This is for board and care and does not include the appropriations for buildings, repairs, extraordinary expenses, &c. The second class of the insane, and the largest, consists of those who are legally chargeable to towns and cities. Of these, six hundred and sixty two are in the hospitals, and the rest are cared for in the County Asylums and poor houses. The expense computed as in the former case is \$175,000. The third class, or private patients, supported at their own or friends' expense amounts to about one fifth of the whole. The sums paid by them varies from five dollars to one hundred dollars, per week. The whole amount paid by the State for the support of the insane, including the interest on the investments in hospitals, and county institutions is about three fourths of a million of dollars. This gives an approximate idea of the pecuniary interest of the State in the subject of lunacy.

The question of what disposition shall be made of the large class of chronic insane is next adverted to and the origin and history of the Tewksbury receptacle is given. From the statistics presented, we learn that since the opening of the Institution, October 1866, to October 1874, 1,173 inmates have been received. Of this number, thirty-seven have been discharged recovered, and fifty-one improved, while four hundred and thirty-five have died. This is a per centage of mortality of 37.08, regarding which Dr. Allen makes the following comments :

"The column of deaths in this table looks large. From its uniformity it does not appear that any epidemic has prevailed there. It might be supposed that the material composing this class would be of a very frail or perishable character; but whether the percentage of mortality has been greater in this class than it would have been had they remained in the lunatic hospitals, or whether there have been any particular causes in the asylum tending to increase unduly its mortality, are questions requiring a more extended and thorough investigation than we have either the time or the means at hand to make. In a sanitary point of view, some improvements might be made, which undoubtedly would prove advantageous. There should be better ventilation in every room, from the basement to the top of the building. Then the halls and dormitories should be divided in a manner that would admit of some classification; and if small L's or wings were added to the present structure, it would improve very much the comfort, and, perhaps, the health of the inmates. Something might be done, too, for their amusement and recreation; and we think they should have food more nutritious and of greater variety."

It would not seem that any more severe criticism could be made by the strongest opponents of this system. The recoveries are 3.15 per cent. of the admissions, which is a subject of congratulation to the Commissioners; but when we remember that more than one-third of the admissions were from other sources than from asylums, it might reasonably be questioned, whether, if they had been sent to the State institutions, a larger number might not have recovered; this small number recovered without treatment. Though the Commissioners do not directly recommend any further increase of these institutions, a fair inference from the report would favor this view. The remarks on the treatment of the insane, consist largely of platitudes. It is asserted that the best medical treatment should be employed; that moral treatment, in the way of amusements, recreation, labor, &c., is important; that the law of exercise, as applied to the mind as well as the body, should not be overlooked; that sanitary influences are

more important often than drugs. These principles are the basis of treatment, and are constantly enforced in all well regulated asylums. The remarks under the heads of personal treatment, character of attendants, diet, restraint, freedom allowed, reprobation of all punishment are in the main correct, but in them all, there is little that is new or which has not been more fully considered in the reports of institutions under the visitation of the board, and especially in the reports of Dr. Earle, of Northampton.

Upon the subject of visitation of friends and of correspondence, the Commissioner makes the following judicious remarks: the italics are our own:

"It should be borne in mind that the disease of insanity is very unlike other diseases, inasmuch as the mind is affected,—its balance, its governing power is, for the time being, lost. It is unlike other diseases in another respect: it must generally be treated and cured, if at all, away from one's home, family and immediate relations. It is very difficult, moreover, for their friends to realize always the effects of their presence and visits upon the insane—to be convinced that they may excite and make them worse, thereby tending to prevent the very benefits for which they were sent to the hospital. There are times when the mental state of the insane is such, that they can not properly see their friends (bringing up the tenderest and most affecting associations) without making them worse; and then, at other times, these same persons may receive such visits without suffering the least injury. *Now, the superintendent or the physician in charge is the only person who can judge of this fitness; and if he is competent to be intrusted with the charge of the patient, his counsels on this point should be respected.* How often physicians in private practice do virtually this very same thing, by leaving directions at certain times that the "patient must not see company." Hence, when friends call at lunatic hospitals, they must sometimes wait till the patient is seen; their requests are perhaps denied, and they return home disappointed. When parties have been very persistent in their requests, superintendents have said to them, "My advice is so and so, but if you insist on seeing the insane person, you must take the responsibility." Now, there may be at times unnecessary delay in

waiting, or something in the spirit or manner of the physician or attendant that is not pleasant or agreeable, yet the friends or visitor should bear in mind *that it is difficult to conceive what motive the physician or attendant can have to deny any reasonable or proper request for communication with the inmates secluded in the asylum*; and the physician, too, should bear in mind that this very seclusion may create in the mind of the visitor an unusual or undue solicitude, and perhaps a proneness to suspicion, which nothing but the utmost frankness and candor can allay."

On the subject of correspondence, the Commissioner indulges in some special pleading, evidently having in mind the State law, the drift of which will be readily perceived in the quotation:

"But this question of correspondence encroaches directly on the right or principle of personal liberty, which should not be violated or restricted more than is absolutely necessary. It is analogous to the "right of petition," which, in a republican government, should always be granted to the lowest and humblest individual. The writing of a letter to one's guardian or friends, soliciting aid or relief, is virtually the same as the "right of petition," and should certainly be granted whenever it can be done without injury. Now, inasmuch as there may exist, even in lunatic hospitals, serious objections to submitting always to the "one-man power;" inasmuch as the insane may come in conflict in other ways with the superintendent, why may they not be allowed the "right of petition" to a third party? They are permitted to write to the superintendent or to the trustees, why not to a disinterested board or commission outside of the institution? Can not they judge of the character of this correspondence as correctly and dispose of it as wisely as the superintendent."

As the refutation to all this, we would refer to the previous quotation, especially the italicized portion in which apparently Dr. Allen takes the view of a physician and not a Commissioner, and overthrows himself.

He says that from the stories of abuse and from investigations occasionally held, a prejudice has arisen against asylums, and the press and the public mind is excessively sensitive upon the subject: that on the other hand

Superintendents of Asylums claim that these stories originate from patients discharged uncured, and that the unjust prejudice prevents their being dealt fairly with by the public.

This condition of things he asserts gives occasion for an independent agency representing the public, whose duty it should be to examine the truthfulness and character of complaints, to visit the hospitals and become familiar with their management, and report to the Legislature from time to time. This agency it is claimed is found in the Commissioners in Lunacy, and should be made permanent.

Among the suggestions for improvements are the establishment of separate institutions for Inebriates, for Epileptics, and for the Criminal Insane. A recommendation is made for the adoption of some uniformity in hospital statistics. He asserts that reports contain much valuable information, but that it is so scattered and diffused, without system or order, as to be practically of little real benefit to the public. He would have the Superintendents of Asylums in each report, treat of some particular subject, as for instance the causes of insanity, the relation of intemperance as a cause, &c., and have it circulated, in tract form, among the people. Something should also be done, in the way of instruction, looking to the prevention of insanity.

The future policy of the State in regard to building Asylums is the next and final heading of Dr. Allen's report. He advises the erection of a number of smaller institutions capable of accommodating some two hundred and fifty patients, and so located as to distribute their benefits more generally over the State. Large hospitals are looked upon with disfavor. "These large establishments are found, too, far more unmanageable; accidents and abuses are more likely to occur in them;

sanitary hygienic agencies can not be applied in such cases so successfully, especially in out-door exercise and work upon the land." The report closes with another appeal for a permanent Commission of Lunacy, supported by a statement of advantages to accrue to the State, drawn largely from the experience of other countries, especially England and Scotland, and still further sustained by a communication from some anonymous author.

The second part of the report by Mr. Phillips, is the one most calculated to attract attention. Although starting out with the assertion that from illness in his family, he had not been able to attend to his duties as Commissioner, he still does not hesitate to express the most decided views upon the commitment and treatment of the insane, such as should only have been formed from a personal experience, or patient and protracted investigation of the subject. To his mind an asylum is a place of "imprisonment" "close confinement," where no communication by correspondence or visitation is allowed to the unfortunate patient; an institution without sanction of law or necessity, in which people are confined with the design of robbing them of their liberty and property. He states that he heard of one such instance. And that "in the case of one person now confined in one of our State Asylums, my conviction is that he was not insane in any sense to justify restraint at the time he was sent to the asylum." From one instance, in his opinion, of improper restraint, he would judge of all. No further proof is adduced of the charge of improper detention in asylums, and upon such insufficient data, coupled with pleasing talk of "the genius of the Saxon law" which "guards the liberty of the citizen with the most jealous care," he would condemn the whole system of commitment to asylums

He cites as analogous the case of persons suspected of crime. It is true, that in such, every safe guard is thrown around the citizen to prevent the injustice of imprisoning the innocent, and letting the guilty go unpunished. The prisoner is allowed every opportunity to communicate with friends, learned talent is employed in his defence, a jury of his peers, which is thought to be the greatest bulwark of defence to the citizen, sits in judgement on the case. This is all well and it should be, but even under such favorable circumstances, mistakes do occur. In the last year of Governor Dix's administration, in the State of New York, no less than twelve persons were pardoned from the State Prisons, on the ground of their innocence of the crime with which they stood charged, and for which they had suffered imprisonment. On the other hand, in 1872, under the administration of Governor Hoffman, a Commission of three entirely disinterested persons, among them the Attorney-General of the State, was appointed to investigate the charge of false imprisonment in Asylums in the State of New York. All of the institutions, both public and private, were visited and investigated, and the unanimous report of the Commissioners was, that no one was improperly detained in any Asylum in the State. These patients were committed upon the certificates of two physicians, and were all insane. We know not what Mr. Phillips idea of insanity is, but it is evidently not in accord with the usually accepted view, that it is a disease of the brain, and belongs properly in the domain of the physicians art. He says, "If it be necessary to apply to a physician in any case, then physicians of eminent skill, of known integrity and independence should be appointed by the State, and no person should be adjudged insane sufficiently to be confined in an asylum unless on the certificates of two of the physicians designated by the State."

The responsibility of making out a certificate of lunacy, he would take from one's family physician who is most probably the friend and neighbor of the sick man, his confidential adviser, who knows all the peculiarities and circumstances of himself and family, who will answer for his act, to the community in which he lives, and whose reputation, and often success in life would be compromised by an error of judgment or an injustice to his patient, and confer it upon a stranger who never saw the patient, and knows nothing of him, and over whom the only restraint is that of official accountability.

Upon these persons he would confer a power which "is too great to be trusted to husband, wife, father or son, as against a near relative." Such opinions do not meet the standard of good common sense and judgment. Mr. Phillips is suspicious of all who may have any authority in the premises. He would have a State Commissioner in Lunacy visit every case within forty-eight hours of its commitment to an asylum, and decide upon the propriety of the detention. Had he any just idea of the difficulties at times surrounding the decision of this question, which even the law recognizes in criminal cases, by sending patients to asylums for "observation," he would not clothe a commissioner with the intuitive knowledge which he would seem to claim for himself. Even after he has passed the ordeal of the State Commissioner, this is not enough: "a man supposed to be insane, should never be debarred from calling to his assistance such of his friends and such legal counsel as he prefers. To secure this he should be allowed to correspond with any one he chooses." "The sufferer should be allowed to select his own help. His liberty of correspondence, therefore, should be unchecked."

At this point we would like to inquire when this question of the man's mental condition is to be settled,

and by whom. What time is he to be allowed in which to recover. If every asylum is to be made the arena for such strife, it would be better at once to put the patient into the hands of the lawyers, who would, at the same time, settle the question regarding the disposition of his property.

We are treated to some new theories, which, if accepted upon the dictum of "one man" would work a revolution in hospitals and asylums, as follows: "A diseased man, surrounded by hundreds of men similarly diseased, must be injured, and his cure prevented. Particularly must this be the case in mental disease."

These statements will not change the generally received opinion, correctly founded upon the experience of the past, that great advantages accrue to both patient and physician where a number of patients similarly afflicted are treated together. To the physician, it gives a more extensive opportunity for the study of disease, which lies at the foundation of all accurate knowledge and successful treatment. It makes a skillful physician, which is of the utmost importance and advantage to the patient. The principle of congregating patients renders possible the construction of buildings and the adoption of measures and appliances in treatment, which could not be done, in the case of a small number. In the treatment of insanity, we have in the classification by wards, a valuable and necessary remedial measure which can only be provided in large institutions. He says;

"Again the one or two persons at the head, chosen for their high character, great skill and profound interest in the treatment of the insane, can not have any real, personal oversight of this large crowd. They must unavoidably trust to hired help; we all know how untrustworthy that is. The hospitals can get no better than we all get. Yet who cares to trust a sick friend alone, exclusively in the charge of such assistants as he can hire."

This charge would hold against any system of care, except where the patient is attended by his friends unassisted. The imputation thus cast upon all who are employed, manifests a spirit of suspicion which would destroy all confidence between men in all relations of life. It is an assertion so broad as to include all, from the responsible head to the lowest employé. Such remarks indicate a total ignorance of the system of responsibility which is adopted in all institutions.

The charge of ill-treatment and abuse on the part of attendants in asylums, is here repeated. No one would claim that even with all the care in the selection and training of attendants, and the constant watchfulness that is exercised over them, that there may not be some instances of ill-treatment of patients. These will occur so long as mankind continues in its present imperfect state, influenced by prejudice and passion. Neither angels, or perfect and sinless men can be found to take such positions, and the millenium has not dawned; attendants in asylums are subject to all the infirmities of human nature, but trained by the discipline and oversight employed in institutions, they treat patients in the main, judiciously, and with a kindness which is not always equaled by friends, in their care of the insane.

The great advantage of our modern asylums, is that they are hospitals for the treatment of the insane, as sick people demanding the care of a physician. The only reference to the medical treatment is the charge that: "All means are taken to lessen the care. The most ready is to administer opiates," then follows the opinion of Mr. Phillips, who by the way is not a physician.

"In my opinion these are used in our lunatic hospitals with a freedom and to a degree that injures the patient, and retards, or prevents his cure. I feel bound to add, that in my opinion, these

are administered not always or wholly from a sense of medical propriety or need; but largely as a means of saving trouble to the attendants."

This is somewhat egotistic in assertion, and not very complimentary to the honesty or integrity, or even capacity of the physicians who are in charge of asylums, and in our experience, lacks confirmation.

A third objection made to institutions is the routine diet. This, however, has no force when taken in connection with the facts. Diet tables are established in all public institutions, and largely, indeed, in private families, and no one aside from an epicure or irritable dyspeptic finds fault with them. The question of more importance relates to the quality of the diet. In all asylums, great attention is given to this subject of forming diet tables, which shall include a variety of the food containing the elements which science tells us is necessary for the highest degree of health, and for the nourishment of the body.

We are told, "now the insane are invalids, nervous invalids, such as need very nourishing food. Food often does more than medicine to quiet nervousness." To a physician these statements seem entirely gratuitous, and in making them, the fact is totally ignored, that in all cases, in well regulated asylums where the prescribed diet of the hospital is insufficient in quantity or quality, the medical officer supplements it with extra diet, to which generally, there is no limit except that imposed by the market. A fair inference from the report would be that asylums should be conducted on the "*European plan*" of a first class hotel, where patients may be served with what they order—what say the tax payers. Of a fixed dietary he says, "I consider that it diminishes, by one quarter, the chances of cure." What statistics can be quoted to prove the exact amount of in

jury; or that the chances are at all unfavorably affected; It is a fact that the greater number of patients admitted to asylums were never so well fed, and that in most cases they increase largely and rapidly in flesh.

The last recommendation is in regard to the system which should be adopted, in the care of the insane. "We should approach as closely as possible the plan of the village of Gheel, which Dr. Howe has so well described." We have in Mr. Phillips then, an advocate "of the free air and family life system." It is difficult to reconcile this with some of the objections which have been made. The matter of oversight would be rendered the nearest possible to a nullity. In this case "hired help" would be trusted almost "alone and exclusively" Mr. Phillips "knows how untrustworthy they are." The arrangements for the care of the sick would equal those found in the homes of the poorer working classes. The inducement to save from the small pittance paid per week for the board and care of the patient would render the diet not only routine in variety but in scantiness.

It would not seem possible that any one who was familiar with the discussion of the past few years, regarding the system in existence in Gheel, would seriously propose its adoption in this country. Every argument in favor of it has been met over and over again and there are few, if any, of practical experience with the insane who advocate the transplanting of the system. Owing to its impracticability it has never been copied, even in Europe, and it is only left as a legacy to reformers, after having found fault with all existing plans, to recommend as the ultimate good. The animus of the report is found in one of the last lines. "Our lunatic palaces waste money, tempt to abuses, and encourage a hurtful routine, that amuses

and perhaps impresses the visitor, but diminishes largely the chances of cure." This whole report, like the sentence just quoted is an attack upon asylums, made without just reason or support, and contains statements, which evidence such an ignorance of their practical workings, as most persons, especially in a supervisory position, would hesitate to display.

*Note on Salicylic Acid.* By EDWARD R. SQUIBB, M. D. [Read before the State Medical Society, February, 1875.]

Salicylic Acid has long been known as a rare and curious chemical, derived from the vegetable kingdom. It was first obtained as its name implies, from the bark of the willow, and has also been found as a constituent of our common wintergreen. It has within a year or two, attracted attention as a powerful antiferment and antiseptic. It was desirable that some source whence it could be obtained in quantity and at small expense, should be discovered. Modern chemistry supplied the want; an organic compound, from which, from its elementary composition the new compound, salicylic acid might be split or dis-associated, was found in carbolic acid. The agent which the chemist selected to resolve the molecule of phenol was carbonic acid.

"Thus from the action of carbonic acid on carbolic acid, salicylic acid is produced; a process which is about as far from the original willow tree, as a source of the acid, as can well be imagined, and yet a process which is as much the result of human knowledge, based upon human research, as that by which Le Verrier and Adams discovered the planet Neptune." \* \* \*

"Whether bleached or unbleached, the acid is in minute broken acicular crystals, which give it the appearance of a granular powder, soft and smooth under the pestle or knife, but somewhat rough or resinous when rubbed between the fingers. This powder is odorless and nearly tasteless. It has, however, a sweetish and astringent after-taste with slight acidity in the fauces, but none in the mouth; and though tasteless, it leaves a disposition or inclination to expectorate, which continues for some time.

It is practically insoluble in cold water, but is very soluble in hot water; and the water of a hot solution retains when cold, in proportion to its coldness, from about one part in two hundred and fifty, to one part in five hundred of the solution. The presence of various neutral salts in small proportion in the water render it far more soluble. Up to this time phosphate of sodium seems to have been chiefly used in Germany to render it more soluble in water for medicinal purposes, and it is said that three parts of phosphate of sodium will render one part of the acid easily soluble in fifty parts of water. It is much more soluble in alcohol and ether than in water. It melts at about  $125^{\circ}\text{C.}=257^{\circ}\text{F.}$ , and sublimates at about  $200^{\circ}\text{C.}=392^{\circ}\text{F.}$  In common with other similar acids it forms salts with the principal bases, but these seem thus far to be difficult to make, and their effects have not been investigated.

It is used for medical and surgical purposes, either dry or in solution. When used dry it is sprinkled on to wounds, ulcers, or dressings in the form of very fine powder, in very small quantities, either simply powdered, or mixed in various proportions with some diluent, such as starch. When used in simple solution either for spraying surfaces, or for washes or gargles, it is used in tepid solution of about one part to three hundred parts of water. Where stronger solutions are required for washes, gargles, or to moisten dressings, one part of the acid and three parts of phosphate of sodium to fifty parts of water have been used. When applied to wounds it appears immediately in the urine.

Its alleged advantages over all other antiseptics are: First, that it is far more powerful and effective in smaller quantities; and secondly, that it is, in all quantities necessary for complete effectiveness, entirely devoid of irritant action upon the living tissues. It is not caustic nor corrosive in any quantity, and never produces inflammation. In large quantities it may be irritant and painful, but yet rarely surpasses a stimulant effect, while it appears to be quite neutral in the very small quantities which are yet thoroughly effective. Thirdly, it is said to reach and prevent processes of decomposition which are beyond the reach of all other antiseptics or antiferments. These processes are of two kinds, namely—vital or those in which living organisms have an important part, such as that produced by yeast, and many of those which occur in putrefaction; and chemical, or those which occur independent of vitality, as the production of the volatile oils in mustard and bitter almonds, the effect of diastase, etc. Now, while carbolic acid and

other antiferments are azymotic, or completely arrest or prevent fermentations of the first kind, they are powerless with the chemical processes. Salicylic acid is said to be more effective with the vital ferments, and equally effective with the chemical.

Fourthly, in quantities said to be thoroughly effective, it is entirely odorless and tasteless, and harmless, whilst it has no poisonous effect in any reasonable quantity.

It prevents or arrests the souring of worts, washes and beers of the brewers; and prevents or arrests the putrefactive agencies which are so troublesome and destructive to the glue manufacturers; and these and similar trades have thus far seemed to be its principal consumers. Separate portions of fresh milk set aside to become sour, one to which 0.04 per cent. of salicylic acid was added soured 36 hours later than the other. Urine thus protected was on the third day still clear, and free from ammoniacal odor.

Varying proportions of the acid added to accurately measured separate portions of sweet milk, and these carefully observed afterward until they sour—or, by the use of meat juice instead of milk observed closely for signs of putrefaction—would offer good indications of the quantities required to arrest these varieties of fermentation.

Professor Thiersch, of Leipsic, used it upon contused and incised wounds, and in operations, with excellent general results, destroying the fetid odor of cancerous surfaces, and pyæmic ulcerations. To such uses this writer would add the suggestion that for washing out the cavities of the abdomen and chest after those operations which tend so strongly to septicæmia, solutions of salicylic acid would seem to offer very great advantages should it prove to be as bland and unirritating as it is stated to be, and yet so effective."

We quote, from the *Boston Medical and Surgical Journal*, more recent experiments with the acid.

"We have received from Professor Horsford the following abstract of two papers just received from Professor Kolbe, containing the results of experiments made at Leipsic with salicylic acid.

In the lying-in hospital of Leipsic, salicylic acid has been employed to the exclusion of carbolic acid since July last: for disinfection of the hands, in vaginal douching, application to ulcers puerperalia, etc., in solution in water of one part in three hundred to one part in nine hundred, or as a powder mixed with starch in

proportion of one part in five. This use of salicylic acid has thus far been attended with such successful results that it is recommended in the strongest terms for use in obstetric practice, by the authorities of the hospital.

Professor Kolbe suggests that physicians, and especially hospital physicians, should study the action of salicylic acid as a medicine, whether and in what quantity of larger or lesser doses it will influence scarlet fever, diphtheria eruptions, syphilis, dysentery, typhus, cholera, etc.; and whether it may be used against pyæmia and the bites of dogs; also whether it may not be used advantageously among horses, cattle, and sheep to prevent glanders, foot-rot, mortification, and so forth.

Kolbe to prove the innocuousness of salicylic acid, took for several consecutive days half a gramme (seven and a half grains) daily in water, one part to one thousand, without the slightest observable unpleasant effect. After an interval of eight days he took for five consecutive days one gramme (fifteen and a half grains) daily, and then for two days one and a half grammes, (twenty-three grains) in alcohol each day. The digestion was perfectly normal; no trace of salicylic acid could be found in the urine or faces. (The test is per-chloride of iron, which gives an intense violet color.) At no time was there the slightest discomfort.

The experiment was repeated by Professor Kolbe and eight of his students, all at the same time. Each took on the first day one gramme, and on the second day one and a quarter grammes, of salicylic acid. Not one of them was able to observe the slightest derangement of any organs.

The acid in diluted solution is employed to wash the feet to prevent the offensiveness arising from the butyric, valerianic, and other related acids in sweat. It is also used as a constituent in tooth-powder, and for a liquor to wash the mouth.

Professor Wunderlich, of the University Hospital, Leipsic, recommends a medicinal preparation of salicylic acid for internal use, consisting of

Acidi salicylici.....	1 gramme.
Olei amygdalæ dulcis.....	20 grammes.
Gummi Arabici.....	10 "
Syrupi amygdalæ.....	25 "
Aque florum aurantii.....	45 "

Kolbe proved by experiment in the bath that the salicylic acid is very little if at all absorbed through the skin.

C. Neubauer (a pupil of Professor Kolbe) has experimented with salicylic acid to determine the quantity necessary to arrest fermentation, in solutions of sugar and in new wine. He found that one gramme of salicylic acid is adequate to make 0.98 gramme of press yeast (weighed dry) in ten litres (about ten quarts) of new wine incapable of fermentation.

Kolbe found that  $\frac{1}{20000}$  of salicylic acid would keep river or pond water in casks perfectly fresh (the experiments continued four weeks in a warm room) where without the acid the water acquired unpleasant taste. This quality will make the salicylic acid serviceable in preserving water on long sea-voyages."

We make these extracts as the acid promises to be of great value in many cases treated in asylums. We have used it, as a wash, with marked success in sloughs and erysipelas. In cases of bed sores, with profuse and offensive discharges, we employed a powder of acid one part, to starch six parts, sprinkled lightly over the surface twice a day. This rendered the patient more comfortable by diminishing the discharge and destroying its fetor, and also brought the parts into a condition more favorable for healing. We have no doubt that further use will show its adaptability in many cases now treated by carbolic acid, over which it has many advantages.

*Smithsonian Miscellaneous Collections. The Toner Lectures. Lecture IV. A Study of the Nature and Mechanism of Fever.*  
HORATIO C. WOOD, M. D.: 1875.

Dr. Wood groups the phenomena of fever into three sets: acceleration of the heart's beat and disturbance of the circulation: nervous disturbance: elevation of bodily temperature. He asserts that the first two sets are merely secondary and dependent upon the third, and that therefore the essential part of fever is the elevation of temperature. The demonstration consists in proving the following propositions: their truth once acknowledged, he says, the final conclusion is inevitable.

"First. External heat applied to the body of the normal animal, so as to elevate the temperature, produces derangement of the nerve functions, of circulation, etc., etc., precisely similar to those seen in natural fever; the intensity of the disturbance being directly proportionate to the rise in temperature.

Second. Heat applied locally to the brain or to the heart produces in the functions of the organ those disturbances which are familiar phenomena of fever, the intensity of the disturbance being directly proportionate to the excess of heat in the organ.

Third. The withdrawal of the excess of heat in fever is followed by a relief of the nervous and circulatory disturbances."

In support of the propositions, Dr. Wood gives the results of numerous experiments, some of which have already appeared in his work, "Thermic Fever," published in 1872. We are not able to give them in detail, but can assure our readers that they will repay careful perusal and that they seem to support the position taken by the author.

*Report of the Commission to Investigate the Condition of the Insane Criminals and report to the Legislature of 1875.*

The readers of the JOURNAL, are aware of the discussion of the question relating to the care and condition of the Insane Criminals of the State of Pennsylvania. In settlement of this question, a commission was appointed, whose report is before us. They recommend the erection of an asylum devoted to their care and treatment and present a plan for such an institution, which they suggest should be centrally located, at Altoona or Tyrone, and which can be built at an expense of not more than \$150,000. The wisdom of this recommendation will commend it to all conversant with the subject, and the settlement of this question is a matter of congratulation.

*Eighth Annual Report of the State Board of Charities of the State of New York.* [Extract relating to Pauper and Destitute Children.] By WILLIAM P. LETCHWORTH.

Commissioner Letchworth, has, in this special report, compiled the statistics gained from an examination of all the county houses in the State, relating to the public care of the pauper and destitute children. There were in the poor houses of the State, at the time the inquiries were made, 615 children; of these 325 were healthy, intelligent children over two years of age, the remainder were either under two years or were diseased or defective. A willingness was manifested by the county officers generally, to co-operate in any plan for the amelioration of the condition of these unfortunate children. In some of the counties they are provided for in the orphan asylums at public expense. The subjects of causes of pauperism, and the best disposition to make of these destitute children, attract considerable attention from the Commissioner, who closes the consideration of the question, what shall be done with pauper children, with the recommendation of the passage of a law by the Legislature, giving county officials power to place in families or in asylums, all over two years of age, except those unfitted for family care. Much time has been devoted to this examination, and the report is exhaustive, and will no doubt be the basis of future action regarding this unfortunate class of dependents.

*Extract from Same Report.* [Relating to out-door relief.] By Prof. M. B. ANDERSON.

The statistics presented are startling, as showing the amount of money actually expended in this State, through the regular official channels for the support of its paupers. Including the interest of the investment

in county poor houses and city alms houses, it reaches nearly three millions of dollars. The special investigations are claimed to prove that pauperism is hereditary, as many as three generations being found to be occupants of poor houses. The recommendations for the treatment of the pauper class are definite and practical, and if followed would certainly tend to reduce the numbers of this class, and relieve already over-burdened tax payers. They are, "light work for the more infirm," and "hard labor for able bodied," and "the punishment of tramps and street beggars by law." The historical allusions to ancient Greece, to Rome, to England and other countries, are interesting by way of comparison, and as showing the terrible result of ill-directed methods of distributing legal charity.

*Contributions to the Annals of Medical Progress and Medical Education in the United States, before and during the War of Independence.* JOSEPH M. TOXER, M. D.

This work was prepared at the request of the Convention of School Superintendents, which met in Washington in 1872, with a view to its forming a part of the representation of the rise and progress of the system of education of this country, for the Vienna Exhibition. Upon the recommendation of the Commissioners of Education, it has been published by the Government. Although the time was too limited to enable the author to finish it for the occasion which gave it origin, it is however, of no less interest and value, as a record of the profession in the early days of the country. The period will soon be past, when it will be possible to collect accurate data concerning individuals and occurrences, which have not been preserved in public archives, or in the printed history of the times, and every effort in this direction should receive encouragement.

The collection before us is one which must have involved much personal labor and correspondence. Every fact relating to those days "which tried mens' souls," acquires an ever-increasing interest, from its connection with the origin of our existence as a nation, as well as that of our institutions of learning.

The first medical school in the New World, was established in Philadelphia, in 1765, with two professors, Drs. Shippen and Morgan, who filled the two chairs of "Theory and Practice of Physic," and "Anatomy and Surgery." The first course of lectures was given to twelve students, in a room in the rear of Dr. Shippen's office, in 1762, and these were continued to gradually increasing classes till 1765, when the college was opened.

The College of New York was founded in 1767, and fully organized the following year, as a department of Kings, now (Columbia) College. The pamphlet contains the names, with short biographical notices, of the early physicians of each of the original thirteen colonies. It also contains a graphic description of the life and duties of physicians, and the inconveniences against which they struggled, and closes with a rapid survey of the growth and advance of medical science.

*A retrospect of the struggles and triumphs of Ovariectomy in Philadelphia.* The Annual Address before the Philadelphia County Medical Society, by WASHINGTON L. ATLEE, February, 1875.

This address of Dr. Atlee, is one of great interest, and to the younger men of the profession, details a chapter in the history of that distinguished surgeon, which, without such convincing testimony would scarcely be credited. The opposition which he encountered in his efforts to introduce the operation of ovariectomy to the profession, and to place it upon the sure foundation of the basis of science, seem at this date

almost incredible. To be called a "murderer" to be abused and refused recognition as a physician, to be publicly and unwantonly attacked by his colleagues in the professorial chair, when put in contrast with the present position of the man and the operation, exhibit in the strongest light the changes which time and perseverance in the conscientious discharge of duty may effect. Dr. Atlee may justly take pleasure in recounting these facts in his address, as the retiring President of the Society, which first gave him countenance, by inviting him to lecture before it on the subject of the diagnosis of ovarian tumors.

*Transactions of the American Ophthalmological Society. Tenth Annual Meeting, Newport: July, 1874.*

This is a large volume of nearly three hundred pages, and is illustrated by several plates representing pathological conditions. It contains a large number of reports of cases which show the interest, in their labor, of those who have devoted themselves to this specialty.

*On the Insanity of Inebriety.* By GEORGE BUELL, M. D., of Binghamton. [Read before the Neurological Society, October 5, 1875. Reprinted from the *Psychological and Medico-Legal Journal*, for December, 1874.]

*Elephantiasis of the Penis, from Structure of the Urethra, Amputation.* By ROBERT F. WEIR, M. D., [Reprinted from *Archives of Dermatology*.]

*Clinical Ureametry.* By HENRY G. PIFFARD, M. D., [Reprinted from the *New York Medical Journal*, December, 1874.]

*The polar Action of Electricity in Physiology.* By JOHN J. MASON, M. D., [Reprinted from the *New York Medical Journal*, December, 1874.]

*Report of the New York City Council on Political Reform. For the years 1872, 1873 and 1874.*

## BOOK NOTICES.

*The Histology and Histo-chemistry of Man, a treatise on the Elements of Composition and Structure of the Human Body.* By HEINRICH FREY, Professor of Medicine in Zurich. Translated from the Fourth German Edition, by ARTHUR E. J. BARKER, Surgeon to the City of Dublin Hospital, Demonstrator of Anatomy, Royal College of Surgeons, Ireland, &c., &c. With six hundred and eight engravings on wood. New York: D. APPLETON & Co.: 1875.

We agree with the translator, Dr. Barker, that any lengthy personal testimony to the value of a work on histology by Heinrich Frey is unnecessary. The fact that it has already reached a fourth edition in Germany, and been translated into French, is sufficient proof of the favor with which it has been received in those countries, which contain the closest observers and the most enthusiastic students of the science of histology. To the students of this country who have become familiar with Frey's work on the microscope, no recommendation will be needed, to assure them of the accuracy and scholarship of its author, of which the present work is but another evidence.

The author begins his work with a general history of the subject, its rise and progress, giving credit to Bichat of founding a system of histology by the help of the anatomical knife, chemical analysis, and of pathological and physiological research. This is designated as the epoch of investigation without the microscope. Little advance was made till after the discovery of achromatic object glasses, which transformed the clumsy instrument of the last century, into the elegant and accurate instrument of the present day. Among the founders of modern histology are recognized the names of Ehrenberg, Müller, Purkinje, Wagner, Valentin and Henle. The name of Schwann is mentioned, with special note, as the discoverer of the cell as the starting point of all

structures, and to him is given the honor of founding the science of "HISTOGENESIS," or the study of the origin of tissues. The students of pathological histology are recalled in Müller the originator, and Virchow, Rindfleisch and Conheim.

In thus giving credit to these investigators, both predecessors and cotemporary, our author does honor to himself in the association. The work is arranged in three natural divisions, first, the matters of which the human and animal body generally is composed; second, histology in the more restricted sense, the various tissues, in their anatomical relations and composition; the third, consists of the more minute structure of the organs and systems of the body or the manner in which they are put together, which may also be termed "TOPOGRAPHICAL HISTOLOGY."

To the Appleton's as publishers, the medical profession owes a constantly increasing obligation, for presenting works of such merit, and which, from their character, command but a limited sale. This book is printed on heavy white paper and in good type, and the engravings, of which there are more than six hundred, are with few exceptions, clear and distinct, and will furnish the student a correct standard of comparison with the microscopic view of the prepared structure.

*Compendium of Children's Diseases, a hand-book for Practitioners and Students.* By Dr. JOHANN STEINER, Professor of the Diseases of Children, in the University of Prague, &c. Translated from the Second German Edition, by LAWSON TAIT, F. R. C. S., Surgeon to the Birmingham Hospital for Women, &c. New York: D. APPLETON & Co.: 1875.

In rendering into English so valuable a work as the one before us, Dr. Tait has merited the hearty commendation of those desiring a concise description of children's diseases. It is essentially a compendium, and therefore, as we should expect, many diseases are treated

in as short a manner as is consistent with clearness. The author, whose fifteen years experience in the Hospital at Prague, has made him familiar with the subject, speaks largely from his own experience, and has little to say of theories.

The first chapter devoted to a description of methods of examining children, best calculated to enable the practitioner to establish an accurate diagnosis, displays considerable ingenuity, and contains many important suggestions. The statistical feature of the work is especially valuable.

Of one thousand cases of brain disease, meningitis simplex occurred but eight or ten times, and in most of these proved fatal. Two hundred cases of hydrocephalus are reported, and in one hundred of these the effusion was into the ventricles. In a large proportion of cases of the congenital form of this disease, the fluid is poured out internally or into the ventricles, and is sometimes the result of a protracted labor. The treatment in both the congenital and acquired forms, according to the author, amounts to but little. He does not notice the fact which is recognized in this country, that hydrocephalus occurs more often in city children, and that a removal to the country, early in the disease, is often of the greatest advantage. The administration of chloroform, either by inhalation or by the mouth, in convulsions of children, is not mentioned.

In ten years there were under observation two hundred and seventy-five cases of chorea, the tendency of most of them was to get well without special treatment. In some cases, however, in which tonics were recommended they served to shorten the course of the disease. Mention is made of the various remedies which have been brought forward from time to time as specifics, most of which have been consigned to the "curiosity cupboard." Bromide of potash has not proved of greater value than many other remedies; of electricity he speaks favora-

bly, theoretically, but as he says without experimental knowledge.

Considerable attention has been given to pathology as evidenced by the accurate description of the anatomical appearances in so many of the diseases under consideration. In croup the author depends largely upon tracheotomy, and does not mention the practice so much in vogue in this country of steaming or atomizing the throat.

The statistics include 10,180 cases of pneumonia, and of these affected with the catarrhal form, about two thirds died. This is declared to be a larger percentage of deaths than occur in private practice, and is certainly larger than the mortality records in our own hospitals show. There is nothing peculiar in the treatment.

Of diseases and disturbances of the alimentary tract the author treats at great length and in a very practical way.

In 1,180 cases of typhoid fever among children, the rate of mortality is much less than that ordinarily met with in adults, ten or twelve only having died. Cold packing to reduce temperature can not be used without danger. The danger of communicating syphilis by vaccination can be entirely avoided by never vaccinating children under three months of age. All of the twelve cases infected were under this age. In the treatment of the scrofulous condition, cod-liver oil is recommended as superior to all other remedies.

The description of the course and treatment of fever is explicit and practical, and embraces all the more recent ideas of the German schools, as well as the results of his own observation and experience.

The appreciation of the work abroad, is shown by the fact that the compendium has already reached its second edition in Germany. We believe it has not lost in translation and will be favorably received by the English reading portion of the profession.

*Physicians Office Case-Record, and Prescription Blank Book.*  
Cincinnati Case Record Company: 1874.

We deem it a fair proposition and one to which physicians generally will assent, that a record should be kept of prescriptions made for a patient. It becomes a matter of great moment when the question of possible error arises, also in all cases subject to judicial investigation, besides being an absolute necessity to many physicians to enable them to recall the daily treatment of cases.

There have been many and various kinds of record-book, presented for use to the profession, which claim to embody all possible advantages, but we have seen none which seems so admirably adapted to meet the wants of the busy practitioner as the one before us. It contains a space for the particulars essential to preserve, a blank for the prescription given, as well as a duplicate to be retained on record. They are prepared for both office and visiting calls, and are furnished at reasonable rates by the publishers.

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### SUMMARY.

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Dr. Edwin D. Bentley, Assistant Surgeon U. S. A., has been elected Superintendent of the new State Asylum, located at Napa City, California.

—Dr. Mark Ranney has offered the resignation of his position as Superintendent of the Wisconsin State Hospital for Insane, to take effect from the first of April. Dr. Alexander McDill, the former Superintendent, has been elected to fill the vacancy thus created.

—Dr. Charles Corey who was appointed the Supervising Superintendent of the Kings County Lunatic Asylum, after the resignation of Dr. Carlos F. Mac-

donald, in August last, has resigned. Dr. James A. Blanchard, who was at the same time appointed Resident Superintendent, continues in that position.

—Dr. Joseph Workman has resigned the position of Superintendent of the Toronto Asylum, which he has so long held, and with such great credit to himself, and advantage to the Institution. The following notice will explain itself.

“Applications will be received by the Government of the Province of Ontario, addressed to the undersigned, up to the 15th of May, 1875, from regularly certified physicians, having had experience in the management and working of asylums for the insane, for the position of Medical Superintendent of the Toronto Asylum, Canada, about to become vacant by the resignation of Dr. Joseph Workman. All applications must be accompanied by duly certified testimonials as to character and position; stating age, whether married or unmarried, and length of service in an asylum for the insane, together with certified copies of diplomas as physicians or surgeons from recognized medical authorities. Salary \$2,000 (about £400 sterling) per annum, with furnished apartments, fuel, light, water, and furnished table for family. Appointment to take effect from 1st July, 1875.

ARCHIBALD McKELLAR,

Provincial Secretary.

Office of Provincial Secretary, Toronto 15th March, 1875.

—Dr. H. C. Willison the successor of Dr. Stacy Hemenway as Resident Physician, Territorial Asylum, Steilacoom, W. T., has resigned that position. It is unnecessary for us to give in detail the circumstances which led to this action. The present difficulties were foreshadowed in Dr. Hemenway's report for 1873, and therefore no special foresight was needed to predict the troubles which have arisen from such a division of responsibility. The care of the insane is farmed out at ninety-one cents a day, the contractor furnishing food, clothing and attendance, while another person is supposed to have full control over the medical, moral, and sanitary management of the Institution; this arrangement as might be expected produced trouble. The self-interest

of the contractor, and the duty of the physician, led to diversity of opinion and of action, and the patients naturally enough were the sufferers. The Doctor resigned, and the contractor holds the field. The terms of the contract expire in August, 1876, at which time we hope the suggestion contained in the report of 1873, will be carried out by the Legislature, and a hospital organization effected, with a medical superintendent as the responsible head. In this arrangement only, is there immunity from such conflicts of interest and duty. All other measures have failed and are destined to fail, "a house divided against itself can not stand."

**BURNING OF THE QUEBEC LUNATIC ASYLUM.**—It is our sad duty to record another of those painful accidents, to which institutions for the insane are peculiarly liable. On the night of Friday, January 29, 1875, the "Quebec Asylum" or the "Beauport Lunatic Asylum" as it is called, was visited by an extensive, and in its destruction of life, the most serious fire which has occurred in any Asylum on this continent. The Asylum is the private property of Drs. J. E. J. Landry and J. E. Roy, who have contracted with the Provincial Government for the care of the insane of the Province of Quebec. It consists of a male and female department, which occupy separate buildings at a distance from each other, of about three hundred feet. This separation of the two buildings alone prevented the destruction of the entire institution. The portion occupied by the women patients was a large fine structure, and is described as "the pride of Quebec" and "the admiration of strangers." The center part, the eastern wing, and adjoining buildings were burned, and much injury was done to the other wing, by the hurried removal of all its contents. The fire was first discovered at about seven o'clock in the evening issuing from the room of a very disturbed, maniacal patient, whom on account of

her violent and dangerous conduct it was necessary to isolate. She had often spoken threateningly, and said she would have her revenge. Some ten minutes after being placed in a room by herself, the straw bed was found burning, and the flames had communicated with the wood work. The room was on the ground floor and the wards above were fully occupied by patients. The flames had made such headway that the safety of the patients demanded immediate attention. The officers and employes worked heroically, and were aided in their efforts by the citizens, and the fire department of the city who responded to the alarm. They were afterwards efficiently assisted in the protection of property by a detachment of troops. There were in the building 420 patients. They were removed to the building occupied by the men; the scene during their removal was, according to the accounts, something fearful and such as we hope may never be witnessed again. The efforts to preserve life were quite successful, and for a time it was supposed but two lives were lost and that the remainder who were missing had escaped. Time revealed the painful fact that twenty six lives had probably been sacrificed.

About one month after the fire an inquest was held; the verdict rendered by the jury was to the effect that, every precaution had been taken by enforcing proper rules and regulations, and by the bountiful provision of the usual means for extinguishing fires, and closed by stating that in the rescue of the patients the greatest heroism was displayed, and that no efforts that could reasonably be expected from the proprietors, their officers, and employes were spared.

The pecuniary loss is large, being computed at \$120,000, while the insurance which will be received upon the portion actually burned, will amount to about \$30,000. The furniture was also insured. May other institutions be spared such a calamity.





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1875-76,

The care of the human mind is the most noble branch of medicine.—GROTIUS.

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STATE LUNATIC ASYLUM.  
UTICA, NEW YORK.  
1875-76.

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ELLIS H. ROBERTS & CO., PRINTERS,  
HERALD OFFICE, UTICA.

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